2017

Humanitarian Aid Workers' Perceptions of Stress Management Services

Annette Hearns
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Annette Hearns

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Kathryn Dardeck, Committee Chairperson, Psychology Faculty
Dr. Susana Verdinelli, Committee Member, Psychology Faculty
Dr. Georita Frierson, University Reviewer, Psychology Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2016

Abstract

Humanitarian Aid Workers' Perceptions of Stress Management Services

by

Annette Hearns

MSc, University of Ulster, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

January 2017

Abstract

Humanitarian aid workers live and work in harsh circumstances far from loved ones and support mechanisms. The problem is that international aid must continue to work effectively despite stress levels. The purpose of this phenomenological study was to understand how aid workers perceive their work-related stressors, examine their subsequent experiences of in-house stress management services, and describe the factors that influence aid workers' decisions to access in-house stress management services. The conservation of resources theory was used to understand aid workers experience of stress. A purposive sampling technique was used to identify 12 aid workers with a minimum of 5 years of field experience. Data were collected through semistructured interviews conducted via Skype. After the data were reviewed, unit meanings were assigned and grouped to develop themes. The themes generated were organizational culture, social support, operational environment, the aid worker, adapting and strategizing, stress management services, and services. The greatest stressors participants reported related to the lack of safety and unpredictable working environments, and their experience of accessing stress management services were varied. Assurances of confidentiality and professionalism were the key factors that influenced aid workers engagement with stress management services. Participants received a summary of the findings which included recommendations for aid organizations on improving stress management services for aid workers. The results of this study contribute to the body of knowledge regarding the well-being of aid workers, supporting social change to improve the quality of care for the affected populations they serve.

Humanitarian Aid Workers' Perceptions of Stress Management Services

by

Annette Hearns

MSc, University of Ulster, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

January 2017

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Introduction

Humanitarian aid workers experience stressors from their professional, contextual, and operational environment. Connorton, Perry, Hemenway, and Miller (2011) found that aid workers, compared to the general population, suffer more extreme and longer-term affects from stress and recommended that researchers should study how to provide stress management support for field-based aid workers. The impact of untreated stress may result in such long-term problems as anxiety, sleep disorders, and digestive disturbances (Schwartz, Hunt, Redwood-Campbell, & de Laat, 2013). Eriksson et al. (2009) noted that aid organization stress management services are challenged with issues surrounding confidentiality concerns by aid workers, a lack of contextual awareness by counselors, and limited capacity to address the issues raised by aid workers. Developing an appropriate stress management service requires input from aid workers to understand the aid workers' experiences coping with stress and interacting with stress management services, and the resultant impact on their capacity to deal with stress in a timely and appropriate manner.

In Chapter 1, I review the problem of why some aid workers choose not to access stress management services, the evidence with regard to occupational stress, stress management in emergency services personnel, and stress issues for aid workers. I also discuss the research approach I adopted to identify and analyze the themes raised by the participants in the study.

Background

Different situations cause stress in people. Stress is a natural process that enables people to respond appropriately to the environment (Selye, 1938). During times of stress, the body's natural response is useful to help with fight or flight; however, when the stress response is sustained or insufficiently resolved, the impact of the stress response may lead to harmful and negative impacts (Lazarus, 1966).

In a review of the literature, I found a gap related to why aid workers choose to access stress management services provided by their organizations or prefer not to access the services. As with any group, humanitarian aid workers require support to facilitate their ability to cope with stress (Curling & Simmons, 2010). Occupational stress has a negative effect on not only employees' performance levels (Nabirye, Brown, Pryor, & Maples, 2011) and job satisfaction but also on aid recipients. In the humanitarian aid sector, organizations are under pressure to provide timely, life-saving interventions for crisis-affected populations. As aid workers experience stress, over time, their effectiveness at work may decrease (Lopes Cardozo et al., 2013). Any contribution that helps aid workers effectively manage their stress in ways that are productive and health, with support productivity levels, benefits the affected population they serve (McCormack & Joseph, 2012).

The negative impact of stress on humanitarian aid workers eventually influences efficiency. Researchers (Connorton et al., 2012; Ehrenreich & Elliot, 2004; Eriksson et al., 2012; McCormack & Joseph, 2012) who have examined stress management services have revealed that aid organizations inadequately address the distress that aid workers

experience. Workers in all job types experience issues with stress management, not just aid workers. Research undertaken in other job types relevant to the aid sector, such as the emergency services, provides lessons from which to enable efficient systems for aid workers (O'Donovan, Doody, & Lyons, 2013).

This study was necessary to understand, from the perspective of aid workers, what stressors they face and how they perceive stress management services. Aid organizations have a responsibility to their aid workers. Using evidence gathered from aid workers can help organizations to ensure that stress management services are appropriate and adequate to meet the aid workers' needs.

Problem Statement

Year after year, the number of people requiring humanitarian assistance continues to grow. In early 2015, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA, 2015) estimated that 57.5 million people would need humanitarian support, based on the trend of doubled need over the preceding 10 years. At the same time, aid workers who provide humanitarian assistance face increasing challenges, including poor security, violence, and stress (McCormack & Joseph, 2012). Researchers have highlighted the impact of stress on aid workers (Allen et al., 2010; Connerton et al., 2012; Cordozo et al., 2012; Curling & Simmons, 2010; Fecher, 2012a, 2012b; Roth, 2014; Willie & Fast, 2013). Untreated, this stress affects the aid workers' ability to serve those in need, as the aid worker is unable to work at an optimal level. Connerton et al. (2012) found that many aid organizations have acknowledged the vulnerability of their personnel to stress and the risk to the well-being of personnel. Although a number of aid

organizations have introduced some measure of stress management services, Cordozo et al. (2012) noted that these services are inconsistent and often not comprehensive.

Absent from the existing body of evidence is the aid workers' perceptions of the existing services available to them and what services they need to adequately meet their stress management needs. Ideal stress management for aid workers enables them to deal with stressors, build resilience to future stress, and recover from stressful events in a timely manner (Williams & Greenberg, 2014). This study was designed to contribute to the scholarly literature on understanding the aid workers' perspective of stress management provided to them by their organizations.

Purpose of the Study

The purpose of this qualitative study was to understand, from the perspective of aid workers, the stressors they encounter and how they decide or not to access the stress management services provided by their organizations. Using a qualitative approach to gather this information, I explored the aid workers' experience with and perceptions of stress management services (Tracy, 2010). This information, gathered through in-depth interviews, informed an analysis of the common central elements to the participants' experiences.

Research Questions

RQ1: How do aid workers perceive their work-related stressors?

RQ2: How do aid workers describe their experiences of in-house stress management services?

RQ3: How do aid workers describe their decision-making process about whether to access and use in-house stress management services?

Theoretical Framework for the Study

The theoretical framework for this study was the conservation of resources theory (Hobfoll, 1989, 2007). Hobfoll (1989) developed this theory as an integrated stress model to explain how people's perception of stress is influenced by possible threat or loss. In this case, resources may be considered as tools, including physical items (such as electronic devices, apparel, or furniture), social issues (such as friendship or social standing), and personal characteristics (such as a person's perceptions about himself or herself, energy, and capacity to perform) (Hobfoll, 2007).

Based on the conservation of resources theory, Hobfoll (1989, 2007) theorized that people are in a constant state of desiring to acquire and maintain resources, which allows them to thrive. Once gathered, the resources must be protected and maintained, which improves the possibility of survival (Alvaro et al., 2010). Additional details about the theoretical framework are provided in Chapter 2.

In relation to this study, the conservation of resources theory was applied to recognize how aid workers gain, preserve, and maintain resources. When stressed, people tend to lose resources. For aid workers, the potential loss is great, as they live and work in challenging environments with limited social support to help bolster their ability to cope with the challenges of the stressor. The conservation of resources theory may help to explain how resources are lost or eroded. According to the conservation of resources theory, the loss or threat of loss of resources results in stress (Hobfoll, 2007). As such, the

research questions were designed to gather information to understand how aid workers lose resources and how in-house stress management services helps to gather and protect resources to recover from their stressors' impact.

Nature of the Study

The phenomenological approach was appropriate to identify the shared experiences of the participants and to develop an understanding of their experiences (Holt, 2010). By conducting an in-depth qualitative exploration, I was able to gather information to understand why aid workers choose to access stress management services. In the existing literature, explained in more depth in Chapter 2, I determined how people's perceptions vary in relation to their experience of stress and their individual need to access stress management services (Allen et al., 2012; Bardoel, Petit, De Cieri, & McMillian, 2014; Colley, Lincolne, & Neal, 2013; Creamer et al., 2012; Curling & Simmons, 2010; De Borros, Martins, Slatz, Bastos, & Ronzani, 2012; Gist, Lubin, & Redburn, 1998; Kashdan & Kane, 2011; Koesten, Fox, & Radel, 2012; Lopez, 2011; Marchand, 2012). After analyzing the participants' perceptions, I identified and analyzed themes based on how they described their experiences.

Participants were identified through a purposive sampling technique. Those selected to participate met a set of defined criteria, explained in detail in Chapter 3. Aid workers are national and international staff, but for the purpose of this study, only international aid workers were included. I anticipated that most of the aid workers were based in various locations where humanitarian responses are ongoing; thus, I conducted

interviews using a video chat online tool of their convenience. Each interview was recorded electronically and transcribed for later analysis.

Definitions

Aid workers: National or international employees of not-for-profit aid organizations who provide support to needy populations (UNOCHA, 2012). Aid workers may work with nongovernmental organizations (NGOs), the United Nations (UN), or the Red Cross/ Red Crescent movement. International aid workers were the target of this study.

Distress: Negative stress that can be short or long lasting. Distress negatively impacts how people can perform and has a negative impact on mood (Lazarus, 1966).

Eustress: Positive stress that tends to be transient. When present, eustress helps to motivate and focus the individual and support coping mechanisms and improve performance (Lazarus, 1966).

Emergency services personnel: Personnel involved in fire, medical, or rescue activities, such as ambulance workers, emergency medical technicians, or firefighters (National Health Service, 2014).

Hardship duty station: A difficult quality of life in the area of work or duty station. Quality of life refers to housing, security, basic amenities, access to education, climate conditions, and so forth (United Nations, n.d.).

Homoeostasis: A tendency towards balance or equilibrium, when influenced by external forces (Dhara & Mandal, 2015).

Induction: An orientation process that allows staff members to learn what is required of them in their role, organization, and operational context (Duffield, 2012).

In house: Within an organization (Wright, 2014).

Occupational stress: Occurs when the demands or work environment outstrip an individual's capacity to cope (Babatunde, 2013). Occupational stress may be the result of tensions between staff members of the same or different levels, an imbalance between an individual's ability and skill and the job requirement, or insufficient time or resources to complete a task.

Productivity: A term used to measure outcomes based on the level of input (Abramo & D'Angelo, 2014).

Resilience: In terms of psychological well-being, the capacity to resist or adapt to stress and its impact (Fletcher & Sarkar, 2013).

Stress: A response to a stimulus (Selye, 1936). The resultant response may be physical, emotional, psychological, or spiritual, and different people may have different responses to the same stimuli.

Stress management: Any technique that allows someone to deal with the impact of stress (Hargrove, Quick, Nelson, & Quick, 2011). These techniques may include mindfulness, physical exercise, deep breathing, and debriefing.

Stressor: A stimulus that causes stress. The stimulus may be an event (real or perceived), a chemical or biological agent, or environmental condition (Koolhas et al., 2011).

Traumatic event: An event that results in distress or physical, mental, emotional, or psychological harm (Elhai, 2005).

Vicarious trauma: The impact on helpers following their empathetic interaction with a traumatized person, where the helpers experience a change in their well-being. The change may be cognitive, emotional, psychological, or spiritual, and it may result in a change in mood, sleep patterns, and behavior (Vicarious Trauma Institute, 2015).

Assumptions

The success of the study was based in part on several assumptions. First, I assumed that I would locate a sufficient participant pool to meet the criteria for participation. In addition, I assumed that participants would provide honest and open responses to the questions and would be willing to engage with the process and provide verification on points needing clarification. Finally, I assumed that the participants in the study were representative of the general aid worker population, including representing the gender to which they affiliate.

In order to ensure effective planning for this study, I made the above assumptions. Then, within the context of this study, I ensured that there was a plan outlined to address each assumption to protect the integrity of the study, the participants, and the findings. Where an assumption affected the findings, I acknowledged this to the reader in an honest manner.

Scope and Delimitations

The research problem was specific to aid workers; therefore, international aid workers were targeted as the participants. The sample participants were chosen from a

broader set of aid workers based on a set of defined criteria. Each participant had to have at least 5 years of experience as an international humanitarian aid worker, had to be able to communicate in English, and acknowledged past job-related stress. Those working for the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) were excluded, as I work for this organization, and I wanted to ensure that there would be no risk of multiple relationships or coercion. Participant criteria are explained in more detail in Chapter 3.

The phenomenological approach was designed to better understand the perceptions of the aid workers' lived experience. Twelve participants were interviewed to achieve saturation (Guest, Bunce, & Johnson, 2006). Chapter 3 provides details of the research method to allow the reader decide the capacity to transfer the findings to others.

Limitations

The transferability of this information to all aid workers is limited, as the experiences of these aid workers may differ based on contextual elements and working for different employers. The contribution this study makes to existing literature includes opportunities for further study. As an aid worker myself, I acknowledge any bias related to the issues and remained objective, interpreted the information open mindedly, and presented accurate findings. I believe that there are benefits to accessing in-house stress management services. If stress managers have appropriate knowledge of the context within which the staff operates, then they have an understanding of the issues that the staff experience. Conversely, I appreciate the concerns related to confidentially that staff may consider when they consider sharing information with a representative of their

organization. When their issues pertain to the organization, such as a poor relationship with their manager, tension and stress can occur. These are biases I acknowledge.

A number of limitations must be acknowledged in the process. Data collection took place using an online video tool, which may have limited the ability to pick up on body language, which, in a face-to-face interview, would be seen. In addition, with an online communication tool, participants were able to withdraw at any time, which could more readily occur than in a face-to-face interview. Another limitation was a potential participant's access to a device and sufficient Internet bandwidth to allow participation in an online interview. The techniques used to address these limitations are discussed in Chapter 3.

Significance of the Study

The findings were expected to fill in a gap in the existing body of information pertaining to stress management for international aid workers. The findings contribute to advancing policy development in support of aid worker stress management. In a world of growing humanitarian need, there is increasing pressure to do more with less financial support. Limited resources place additional pressure on aid workers to deliver quality support to populations in need. Supporting aid workers' health and effectiveness in their work helps to optimize their capacity, productivity, and efficiency. As such, people in need of humanitarian assistance must rely on aid workers to be as mentally healthy as possible in order for them to receive timely, appropriate, and effective care.

The study was undertaken with the hope that, in the future, international aid workers who experience stress will be provided with stress management services that are

appropriate to their needs. This shift in their care has the potential to change and improve the services that aid workers provide to populations in need, thus contributing to a positive social change in the quality of humanitarian care and support. It may potentially contribute to better stress management services, which could contribute to a decrease in humanitarian aid worker burnout.

Summary

In a world of growing humanitarian needs, aid workers bear the brunt of coping with the stressful operational environment. Aid organizations acknowledge that aid workers must cope with stress. Although some aid groups provide stress management support, such services tend to be inconsistent, unregulated, and inadequate to meet the needs of the aid workers (Cordozo et al., 2012). In this study, I sought to add to the body of knowledge to understand, from the perspective of aid workers, their experiences of stressors and their choices to engage or not with stress management services. It is hoped that this study may contribute to the existing body of knowledge with regard to humanitarian aid organizations' stress management services, and, ultimately, improve those services.

Chapter 2 provides a detailed review of the literature to date in relation to occupational stress, stress among emergency personnel, and stress among aid workers. The chapter ends with opportunities for further exploration in the area of stress management.

Chapter 2: Literature Review

Overview of the Chapter

In any working environment, enabling personnel to work in a manner that optimizes productivity but does not compromise personnel safety is paramount. Zeller and Fang (2013) recommended that organizations should strive to achieve an acceptable balance of stress management support for staff through the development of standardized policies based on an understanding of the challenges that personnel encounter in the working environment. Compounding the usual workplace issues, humanitarian aid workers must provide timely, life-saving support to crisis-affected communities, which adds further levels of stress. Aid organizations acknowledge that aid workers are not immune to stress, and eventually, their capacity to cope with stress impacts on their efficiency. On the other hand, Connorton et al. (2012) found inadequacies in the stress management provided by aid organizations.

There are similarities between the issues faced by emergency service personnel and aid workers; thus, possible opportunities exist to draw from stress management for emergency services personnel to improve services for aid workers (Tuckey & Scott, 2014). In this study, I highlighted the experiences of aid workers when interacting with existing stress management services provided to them by their organizations to better the aid workers' experience of these services. In the review of the literature, I examine occupational stress and its management, with a central focus on the stress experienced by humanitarian aid workers.

Search Strategy

Although ample literature exists relating to occupational stress and stress issues faced by emergency services personnel, fewer scholars have focused on the stress experienced by frontline international humanitarian aid workers and how to manage and prevent it. To identify relevant literature, I used refined searches in databases such as ProQUEST, Emerald, SAGE, Oxford Journals, PsycARTICLES, and Taylor & Francis Online to locate a majority of the articles, predominantly dated between 2009 and 2014. I refined the search using the terms *occupational stress, workplace stress, emergency services stress, stress management, aid worker stress, humanitarian, stress treatment, distress, stress coping strategies, recovery, critical incident stress management,* and *stress resilience*. As a rich body of work exists outside peer-reviewed publications on the well-being of aid workers, I examined articles published directly by credible organizations and selected those articles in peer-reviewed publications to develop the themes presented in this literature review.

Theoretical Framework

The framework for this study was Hobfoll's conservation of resources. The conservation of resources theory is an integrated stress model. Hobfoll (1989) hypothesized that people perceive stress when their resources are threatened or lost. Resources may be characterized as physical instruments or instruments (such as a home, clothing, or a vehicle), conditions or social elements (such as being in a relationship, having a job), personal characteristics (i.e., self-esteem, competencies, or skills), and energy levels lost or gained (Hobfoll, 2007). According to the conservation of resources

theory, people strive to acquire and maintain resources, and people thrive when they gain, maintain, or protect those resources. As such, increased resources imply increased survival capabilities (Alvaro et al., 2010). Traumatic events deplete resources, the loss of which increases the level of stress. Conversely, more resources help people to be resilient to stress and, thus, build defense mechanisms, as those with more resources are less vulnerable to their loss (Hobfoll, Vinokur, Pierce, & Lewandowski-Romps, 2012).

This study was designed to focus on the stress experienced by humanitarian aid workers. Physical and psychological stress is a normal reaction to abnormal situations, and it may not always have a negative impact. Humanitarian aid workers who experience extreme levels of stress need assistance identifying stress symptoms and impact and mechanisms to preserve and protect their resources. In this study, I revealed deficits in the aid workers' capacity to build and protect their resources to enable them to withstand the impact of stress. This information was analyzed through the lens of Hobfoll's conservation of resources theory. I also explored support networks that can ameliorate the stress experience and contribute to the literature on how best to support humanitarian aid workers.

Classical Perspectives on Stress Adaptation

Selye's Three Phases of Stress Adaptation

Regardless of how stressful a workplace environment can be, humans learn to adapt. Selye (1938) described three phases of the stress response, which were termed the general adaptation syndrome (GAS). The first, the alarm phase, is the initial reaction the body undergoes when experiencing stress. The triphase response is activated as a result of

the body's release of adrenaline, noradrenaline, and cortisol (Selye, 1950). These hormones enable physical activities normally not possible, such as increased physical strength. The hormones enable an increased blood supply to vital body organs by reducing blood flow to other areas. Both the blood pressure and heart rate increase to allow the individual to fight or flee the stressor (Selye, 1938).

The second phase is the resistance stage (Selye, 1950). This phase occurs after the physiological response to a stressor, usually indicating the resolution of the source of stress. The body enables recovery and repair, which restores homoeostasis or physiological equilibrium, over time. The stress hormone levels begin to stabilize and return to pre-event levels (Selye, 1974). As the body prioritizes energy for recovery and repair, energy is reduced for other activities, and a person's defenses lower. Throughout the resistance stage, the body remains alert for the stressor (Selye, 1950). The third phase is the exhaustion stage (Selye, 1950). The stress continues, and adaptation ceases. The body experiences harmful effects of the stress response, and adaptive energy is drained. Unless addressed, this final stage leads to stress overload or burnout, which is precarious to an individual's health, as the elevated stress levels remain heightened (Selye, 1950). Selye (1982) concluded that all organisms pass through each phase of the GAS response, as long as the stressor is in place.

Stress, Distress, and Eustress

With time, Selye's three phases underwent further scrutiny, and not all of the theories bore fruit. Selye's contribution remains in the heuristic value of the theory, which led the development of other theories, such as the work carried out by Lazarus

(Jackson, 2012). Lazarus (1966) coined the terms eustress to define positive stress and distress to describe negative stress. Eustress, which helps motivate and focus energy, is short-lived. Eustress helps individuals cope and improve their performance, and it makes a person feel excited. Conversely, distress causes anxiety and concern, and it may be short- or long-lived. People perceive distressing events as outside their ability to cope; thus, distress feels unpleasant, as it decreases a person's ability to perform (Lazarus, 1966). The American Psychological Association (2012a) noted the debilitating nature of stress over time when stress impact is left unaddressed.

Other theories of stress exist, such as Taylor's tend and befriend theory, which explains females' stress response with a tendency to protect her offspring and relates to a social group for inclusion and social support (Taylor et al., 2000). For the purpose of this study, Selye's GAS theory provided the elements to explain how people deal with stress in a common manner, regardless of gender. The capacity to explain physiological responses to stress is important as a common denominator for all, rather than in a gender-defined manner.

Contemporary Research on Occupational Stress

Occupational stress occurs as a result of stress in the workplace. The World Health Organization (2012) noted how occupational stress results from demands placed on workers when they have insufficient resources, knowledge, or skills to cope. Employees can experience occupational stress in any work environment (Heponiemi et al., 2013). Occupational stress can have a cumulatively negative effect in a number of measurable ways on the individual (Goodwin et al., 2013). The organization may also

suffer with negative impact to productivity and organizational culture (Goodwin et al., 2013; Lather, Aggarwal, & Samantray, 2011; Meyer et al., 2012). Occupational distress occurs when stress levels are extreme, prolonged, or unresolved (Marchand, 2012) and is prevalent as a result of workplace issues.

Stress has a negative effect on efficiency and productivity due to low morale, absenteeism, substandard production, and resultant health issues (Heponiemi et al., 2013). Zeller and Levin (2013) noted the large proportion of workplace stressors that result from workers' health and safety concerns in their operational environment. Colley et al. (2013) found that personnel who perceived organizational values in relation to staff health and safety displayed stronger safety commitments in the workplace. Britain's Health and Safety Executive (2009) calculated that 27 million working days between 2011 and 2012 were lost as a direct consequence of stress and related symptoms. Laschinger, Wong, Regan, Young-Ritchie, and Bushell (2013) provided an estimate of the cost of workplace distress in the United States as approximately $28.3 billion. O'Donovan, Doody, and Lyons (2012) described the debilitating effect of distress on personnel's capacity to perform and noted problematic effects such as increased absenteeism and a deterioration in workers' ability to successfully manage situations following traumatic events that resulted in the worker experiencing stress. Workers who experience unresolved stress have a higher rate of sick leave, which results in a reduced productivity capacity (Lather et al., 2012). Wayne, Casper, Matthews, and Allen (2013) found that stress related to pressure to perform and tension with colleagues adversely affects worker performance.

Chronic stress has been shown to have a long-term impact on individuals' health. The effects of occupational stress may be psychological or physical (O'Donovan et al., 2013; Szeto & Dobson, 2013). O'Donovan et al. (2013) noted that unresolved stress and consistently elevated stress hormones can lead to physical repercussions, such as elevated blood pressure, headaches and backaches, and shortness of breath. The hippocampus plays a role in the regulation of emotions, and increased stress hormones affect this regulatory function. McFarlane (2010) noted the longer-term impact of increased stress hormones may be anxiety, depression, high blood pressure, and heart disease.

Occupational Stress Among Aid Workers

International humanitarian work requires frontline staff to have direct interaction with individuals who do not share their cultural history. The experience of stress has cultural interpretations that vary from region to region. Humanitarian aid workers are at the forefront where suffering is a part of their daily work, with exposure to graphic and explicit examples of human misery (Roth, 2014). This work environment is inherently stressful; yet, stress management services are not robust for most of these frontline employees.

Researchers have depicted the numerous efforts conducted to date in relation to the stressors that humanitarian aid workers experience and the impact of these stressors in the short- and long-term. If a region is at peace and no illness has spread among the people, humanitarian aid workers will not be sent to intervene. Instead, humanitarian aid workers endure long-term stress due to the nature of the work environment (Pooley, Cohen, O'Conner, & Taylor, 2013). Aid workers live and work in crisis situations, are

confronted by acute suffering, and must attempt to remain physically and mentally healthy in order to help the affected population (Nilsson, Sjoberg, Kallenberg, & Larsson, 2011).

Researchers have studied the effects of stress on both international and national humanitarian aid staff and in the context of conflicts and natural disasters. McCormack and Joseph (2012) found that aid workers experience shame, despair, and self-blame following traumatic events, such as witnessing genocide, violence, and targeting of colleagues. Although many organizations have systems in place to support the aid staff, the support offered is often insufficient to meet aid workers' needs adequately (Curling & Simmons, 2013; O'Donovan et al., 2013). As a result, aid workers accumulate stress impact from different stressors over time.

Aid workers provide humanitarian responses to people who are in need of life saving support. Cordozo et al. (2012) emphasized the stressful nature of the aid workers' role and the difficulty in providing appropriate stress management services by aid organizations. The 2014 Aid Worker Security Report (Stoddard, Harmer, & Kyou, 2014) confirmed the growing number of incidents of violence against aid workers. In 2013, a record 251 incidents of attacks were recorded involving 460 aid workers (Stoddard et al., 2014). Of these, 155 aid workers died, 171 suffered severe injuries, and 134 experienced kidnaps (Stoddard et al., 2014). The 2013 statistical trend indicates a 66% increase of violence involving aid worker in comparison to 2012 (Stoddard et al., 2014).

Aid work tends to take place in places where there are security challenges. Roth (2014) noted how aid workers tend to operate in circumstances where they exert little

control over their environment. In their research on security incidents for humanitarian aid organizations, Willie and Fast (2013) stressed the shifting pattern of violence experienced by humanitarian aid personnel over the previous 15 years and noted the numbers of fatalities among aid workers continues to increase. Aid workers must acknowledge and accept the risk to their safety and security each time they undertake a mission, as the traditional white flag of humanitarianism is no longer protection against attack (Roth, 2014).

Often, aid provision is necessary due to the consequences of war. Aid workers working in front-line humanitarian aid delivery face numerous threats that include violence, witnessing conflict, vicarious trauma, and safety and security compromises, all of which may lead to distress (Connorton et al., 2012; Cordozo et al., 2012). Exposure of this nature may lead to secondary trauma, which should not be discounted in terms of its potential impact (Elwood, Mott, Lohr, & Galovski, 2011). When members of the aid team undergo a stressful experience such as a carjacking, other team members not present may experience stress derived from concerns for their safety and that of their teammates.

As stress is part and parcel of a humanitarian aid worker's experience, stress management resources are crucial. Aid organizations acknowledge that operating in difficult environments contributes to the level of stress that aid workers experience, leading to distress for which they need help to enable them to cope (Curling & Simmons, 2010). Researchers (Connorton et al., 2012; Ehrenreich & Elliot, 2004; Eriksson et al., 2012; McCormack, & Joseph, 2012) have found that existing stress management services are insufficient to deal comprehensively with the distress that aid workers encounter.

Occupational Stress Management

Occupational stress resulting from employees' safety concerns is a recognized worry for organizations seeking to improve worker productivity. Employers and organizations across different work sectors seeking to achieve optimal productivity have considered a multitude of factors that influence personnel's capacity to function successfully, including stress mitigation, support for workplace safety, and stress prevention measures (Heponiemi et al., 2013; Loun, Lavin, Riives, & Otto, 2013). Policies and mechanisms have been initiated to reduce stressors, augment resilience, and increase the support that employees require when dealing with occupational stress (O'Donovan et al., 2013) and promote personnel safety (de Baros, Martins, Saitz, Bastos, & Ronzani, 2012). To provide safer operational environments and thereby reduce stress, organizations have provided personal protective equipment and response training, such as fire drills and first aid skill development (Zeller & Levin, 2013). Colley et al. (2013) reported that as a result of the introduction of safety measures, perceptions improved among personnel regarding how much an organization valued its staff. Thormar et al. (2014) found how appropriate use of safety equipment and engagement in safety training opportunities reduced reported stress levels over time. Zhang and Fang (2013) found inconsistency in how personnel used and applied safety procedures. For example, personnel displayed a lack of consistency when using personnel protective equipment. Zhang and Fang reported some reasons why personnel underuse safety equipment and safety services, including workers' ambivalence, insufficient time to don and doff protective equipment, a limited understanding by personnel as to the nature of the threat,

and the personnel's' perception about the comfort of the equipment. Williams, Parker, and Turner (2010) recommended that enforcement of any safety measure requires a balanced approach that ensures the sustainability of both safety standards and operational output. Interventions such as the provision of protective equipment and clothing, with appropriate training, have been shown to help reduce the number of on-site incidents (Colley et al., 2013; Neal, 2013). Developing an understanding as to the issues personnel experience in relation to the use of safety equipment and engagement with safety measures is necessary to overcome the problems, such as compliance challenges wearing safety goggles (McVicar, Munn-Giddings, & Seebohm, 2013). Understanding these barriers may enable managers in the emergency services sector and the aid sector to engage with personnel to enable them to use services appropriately.

Stress Management in the Humanitarian Aid Sector

Although stress management services could provide a robust safety net necessary to ensure humanitarian aid interventions, the existing measures to support aid workers to deal with stress appear improvised, inconsistent, and unstandardized. Tol et al. (2012) recommended that organizations should attempt to deepen their understanding of the impact of occupational stress aid workers' experience, both related to prevalence and impact, to inform the development of stress management services for aid workers. Nilsson et al. (2011) supported this approach and recommended that a solid understanding of aid workers' experiences of their stress is needed to devise stress management services for aid workers which are inclusive and appropriate. Given the constant improvements and progress in the stress management services, Tol et al.

recommended that stress management practitioner and practices be guided by frequent reviews of broader stress management services. Continuing the inquiry in other sectors, such as the emergency services, exploring aid workers' perspective of their experiences could provide improved support to aid personnel.

Applying successful stress-buffering efforts among emergency workers may support emergency personnel of different types who work in front-line critical areas. Zeller and Levin (2013) found that nurses experienced a reduction in their stress levels following training in situational awareness. Zeller and Levin further reported the benefits by the participating nurses who underwent mindfulness training who reported reduced stress levels by seeking a positive response from stressful situations, which potentially lowered the risks of the impact of long-term stress among the participating nurses (Zeller & Levin, 2013). Staff who understood issues that led to stress and their responses to stressors supported the development of their skills to allow them to deal with stress in a manner which is timely and predictable. According to O'Donovan et al. (2013), early identification and mitigation of occupational stressors may limit their long-term effect on workers. Once a successful strategy has been created, and teams are enabled to increase their ability to deal with stress effectively, it can provide a community of support to strengthen systemic engagement with social support mechanisms to use during crisis events.

Network of Support Systems

Most individuals have a network of support systems that they use in everyday life, which may include family members, friends, peers, and work colleagues. Kossek,

Pichler, Bodner, and Hammer (2011) noted the lack of an accepted singular definition of social support but offered an explanation that social support is the perception that one is cared for and appreciated by others. Given the explanation of social support, personnel want to work in an environment where they feel valued, appreciated, and have access to support services. Organizations' approaches to the provision of social support for personnel lack consistency (Cordozo et al., 2012). For aid workers who are far from home and away from these organic support networks, social support mechanisms may vary depending on the staff's setting (Pooley et al., 2013). In the midst of personal crisis and distress, people seek additional help, usually from dedicated support systems, such as a family doctor, a religious leader, or support groups (Cremer et al., 2012). People with robust social support mechanism appeared to have the impact of long-term stress mitigated, in comparison to contemporaries with limited social mechanisms, according to Meyer et al. (2012). Emergency services personnel who perceived limited organizational support experienced more long-term complications of stress when compared to their contemporaries (Pooley et al., 2013). Providing a working environment where emergency personnel work in safety contributes to the effectiveness of their effort and supports well-being.

Organizations that address workplace stress through robust stress management services report positive results (Francis, Galappatti, & van der Veer, 2012). Although it is possible to identify occupational specific stressors, it is difficult to discern the cause of each stressor to mitigate or prevent it. Not everyone responds negatively to stressful experiences, and Baron, Franklin, and Hmieleski (2013) found that entrepreneurs

appeared to thrive in situations and when faced by issues which others perceived as stressors. The Baron et al. findings suggest entrepreneurs' stress responses can be instructive to help others deal with stress in an effective manner.

As previously explored, organizations struggle to ensure personnel consistently comply with safety and well-being standards and services, and this is an area which requires ongoing attention. Understanding the origins of stress is complicated, and differentiating between stress which originated from the workplace and that from a worker's personal life is difficult, noted Newton and Teo (2013). A singular approach intervention on stress management does not fit all needs recommended by Francis et al. (2012), and a deeper understanding of different individuals' needs in evolving contexts is essential to provide support.

Stress Management Support Systems for Aid Workers

Limited support. Despite the research showing the benefits of managing stress on an organization and its staff, strong social support mechanisms tend to be limited for humanitarian aid workers. There is a lack of consistency in stress management support systems that aid organizations provide for their staff. Findings from a 2004 survey among nongovernmental organizations (NGOs) about the provision of stress management support services for aid workers revealed how few of the NGOs who participated had predictable services in place to support their staff (Ehrenreich & Elliot, 2004). Interestingly, Ehrenreich and Elliot found of the 100 NGOs approached to participate in the study, only17 responded. The findings of the study revealed the lack of coherence amongst these NGOs in the provision of psychosocial support for aid workers and those

services in place required development. A decade later, McCormack and Joseph (2013) observed progress by NGOs on their approach to the well-being of aid workers; however, further improvement was required. Aid workers need services which are adapted to their needs and timely in their interventions to support their well-being, recommended Francis et al. (2012). Health and well-being support systems for aid workers may be in place, but Francis et al. recommended steps to ensure that psychosocial support services adaptation are appropriate to the needs of aid workers which commence with a rapid assessment of their needs. When comparing aid workers to contemporaries, Connerton et al. (2012) reported the impact of stress resulted in longer-term impact with higher levels of distress. Eriksson et al. (2012) noted the limited risk posed by predeployment mental health problems on aid workers' well-being. Predeployment resiliency factors helped support the aid workers' ability to deal with stress. Berger et al. (2015) noted how resilience to stress enabled people to adapt successfully following a stressful event. There is an opportunity to support aid workers develop stress resiliency prior to deployment through an improved understanding of the relevant resiliency factors and areas to optimize these. Aid workers' experiences of distress in the working environment may improve with the use of these measures which would limit the level of distress experienced.

Stress management efforts. Understanding the needs of aid workers, aid organizations offer a range of psychosocial support services which include stress management. Curling and Simmons (2010) found the variety of services included regular breaks out of the operational environment, enabling contact with family and friends, stress management training, and access to stress counselors. Francis et al. (2012) found

other measures such as peer support and managerial level training to support staff formed part of the support provided by aid organizations.

In recognition of the challenges aid workers face in their work environment, some aid organizations offer or make mandatory dedicated skills training to support how they deal with threats such as kidnapping (Connorton et al., 2012). Duffield (2012) found that singular stress management training was inadequate. Duffield recommended training which improve aid workers' resilience to stress to mitigate negative impact rather than training which focused on how aid workers protect themselves behind physical barriers such as high walls and razor wire.

The ability to deal effectively with stress improves the capacity to make effective decisions under duress (Meyer et al., 2012). As workers tend to live immersed in the areas where they operate, it is difficult to separate personal from professional issues (Fechter, 2012a). Nilsson et al. noted that additional traumas, such as exposure to chaotic events such as conflict, massive population displacement, or the impact of a natural disaster, and the resultant humanitarian needs of the affected population, were further sources of distress to aid workers. As such, aid organizations must adopt support services for their personnel that reflect the distinctive nature of the issues aid workers face and the environment within which they work to effectively support their stress management needs.

One psychotherapy approach is cognitive behavioral therapy (CBT), of which there are different types. CBT developed from work evolving from behavioral therapy and the introduction of cognitivism in the 1960s (Gu, Strauss, Bond, & Cavanagh, 2015).

The approach seeks to identify and alter maladaptive thought processes to affect behavior changes in a positive manner. CBT commences with an assessment where critical behaviors are assessed with a therapist and identified as excessive or deficient. A baseline of these critical behaviors helps to identify their frequency, intensity, and duration (Gu et al., 2015). The therapy supports the patient to lessen excessive behaviors, and where deficient, increase necessary behavior as part of skill acquisition to reconceptualize their thinking. The patient must learn to use these skills and maintain their use. Following treatment, a follow up assessment measures the impact of the training against the baseline obtained in the initial assessment (Gu et al., 2015). A limitation of CBT is the requirement to have multiple sessions with the patient to identify the critical behaviors, and the need to acquire a skill and use it which risks high dropout rates (Imel et al., 2013). CBT requires an alteration in the pattern of thinking; however, a framework for what would be considered normal or healthy thinking is absent, and as such, difficult to prescribe, in particular in the context of aid work. As such, in the realm of an appropriate approach for use for international aid workers deployed to a variety of contexts, CBT may not offer the necessary support for immediate use.

A potential model for use in these circumstances is called critical incident stress management (CISM). The components of CISM are (a) pre-incident planning, which includes policy development and training; (b) crisis assessment, (c) strategic planning, (d) individual crisis intervention, (e) large-scale intervention, such as school or community support programs, (f) small group crisis interventions, including defusings and critical incident stress debriefings (CISD's), (g) individual crisis intervention, (h) pastoral crisis

intervention, (i) family support services, (j) follow-up and other significant services, (k) referral services, (l) post-incident education, and (m) links to pre-incident planning, with preparations for subsequent crises (Mitchell, 2004).

The aim of CISM is to mitigate, and where possible, to prevent distress that results from a crisis event. The pre-crisis preparation stage allows for training and policy development. Pre-incident training is intended to prepare populations for likely disasters and crises by inoculating them from traumatic stress where possible. It also is intended to train responders as how to best respond to disasters and crises to mitigate the ensuing stress. For a large-scale incident, this stage includes mechanisms for timely information sharing, advisories, and demobilization. Defusing refers to a three-phase process, where within hours of the crisis, small structured group discussions take place with the objective of assessing, triaging, and mitigating acute symptoms.

CISD refers to structured group discussions and processing of the event, up to 10 days after the event, though often within 72 hours post event. This model of debriefing is intended to mitigate acute symptoms by processing participants' reactions to the event. Debriefing has been criticized by multiple sources (La Greca & Silverman, 2009; Miller, 1998; Raphael & Meldrum, 1995; Stuhlmiller & Dunning, 2000) because of findings that suggest it can do harm to participants by having them relive the trauma before they have the necessary resources to cope with what psychological reactions result from this. The debriefing proposes to mitigate acute symptoms and allow assessment for follow-up interventions. Debriefing in this manner grew from earlier work that received criticism,

and it is worthy of dedicated attention (La Greca & Silverman, 2009; Miller, 1998; Raphael & Meldrum, 1995; Stuhlmiller & Dunning, 2000).

During World War II, Colonel John C. Flanagan (1954) developed the critical incident stress reduction technique to gather information from direct observation of people's behavior, which informed possible solutions to help solve practical problems. Everly, Flannery, and Mitchell (2000) further developed Flanagan's work and devised critical incident stress debriefing (CISD). Mitchell (2004) explained that CISD aimed to support those who experienced a traumatic event or critical incident through a focused discussion on the crisis event to reduce distress and help restore team cohesion and performance.

Further studies on the efficacy of CISD, however, raised concerns. Although Tuckey and Scott (2013) argued that critical incident stress debriefing is valuable when applied as an early intervention and where the debriefing focused on the positive outcomes of the event not the negative trauma, they noted that there is a risk of harming participants through the recounting of the traumatic incident before they have the skills needed to cope with the re-telling. Bisson, Jenkins, Alexander, and Bannister (1997) used CISD with burn victims and reported the limitations of single incident psychological debriefing, such as the potential to re-traumatize participants during debriefing. Re-traumatization of participants during debriefing was a repeated critical issue noted by a number of practitioners and researchers (Gist, Lubin & Redburn, 1998; La Greca & Silverman, 2009; Litz, Gray, Bryant, & Adler, 2002; Miller, 1998; Raphael & Meldrum; 1995; Stuhlmiller & Dunning, 2000). Litz et al. (2002) questioned the appropriateness of

debriefing as a tool during early intervention following trauma for survivors, and concluded that psychological first aid is an appropriate initial intervention.

Litz et al. (2002) undertook a meta-analysis of six studies carried out between 1996 and 2000 to understand if sufficient data were available to decide on the benefits or limitations of psychological debriefing, specifically as described in CISD, and concluded that psychological first aid is an appropriate initial intervention, as might be cognitive based therapy (CBT). The Litz et al. findings included a critique of psychological debriefing as described in the CISD approach, in light of sound scientific evidence. Litz et al. noted the possible attraction of CISD for emergency services personnel, as it is focused on psychological debriefing, during which individuals share their responses to the trauma. The authors were cautious, however, about the efficacy of the intervention. Litz et al. critiqued psychological debriefing as described under CISD, and called for further research. Their criticism of CISD was the re-traumatization suffered by some of those who recounted their experiences as part of the debriefing process but who were not prepared with coping skills to handle what the recounting brought up for them. Litz et al. discussed the potential benefits for homogenous groups of trauma survivors as a means to validate their experience and empower them, however, the authors noted the need for further research into the appropriate timing of psychological debriefing, as evidence conflicts regarding when best to intervene. Litz et al. noted how some participants may benefit from a delay in engagement with psychological debriefing when they have unmet pain management issues, while they noted that Mitchel and Everly (1995) promoted early intervention. Based on their meta-analysis, Litz et al. concluded that applying

psychological debriefing may add value to some early interventions, but it cannot be used to prevent issues such as PTSD. Some participants of debriefings are exposed to reliving the traumatic events prior to having the necessary coping strategies in place, and this potentially causes them harm. Litz et al. noted the CISD design aims to support emergency service workers, a group that includes fire and rescue workers, police, and emergency room personnel. The authors noted the inherent resilience such workers develop to adjust to their working environments, and how CISD fails to adequately acknowledge this resilience. As such, Litz et al. questioned the process by which people or groups are identified as appropriate to undergo CISD. CISD does provide particular attention to the individual needs of those at risk (Litz et al., 2002). The lack of capacity of the CISD approach to take into consideration any resilience the worker has developed may result in the inappropriate inclusion of some staff in CISD.

Raphael and Meldrum (1995) asserted that the timing and appropriate use of debriefing is essential to participants to avoid re-traumatization when participants who lack proper coping skills prematurely relive the trauma and become overwhelmed and unable to cope. An additional and equally important concern is secondary traumatization of participants. Bisson et al. (1997) also noted the potential for adverse effects of psychological debriefings, during which participants undergo intense re-exposure to their trauma through recollection of the events. Kagee (2002) critiqued previous studies of CISD and stated researchers ignored contrary findings, such as the potential to re-traumatize participants during the debriefing, in their bid to promote the benefits of

CISD. Regal (2010) reported the impact of CISD in some circumstance was neutral at best and harmful at worst.

In rebuttal of these numerous criticisms, Mitchell (2003) analyzed 64 studies that used psychological debriefing and critiqued each one. In essence, Mitchell suggested the technique itself is not harmful, but its practice may be faulty. Some of the common mistakes Mitchell cited included the lack of inclusion of CISD as part of a broader support package, debriefings undertaken by untrained personnel, the prolonged duration of time between the event and the debriefing, and that the debriefing did not always occur only after basic life-saving needs were addressed, such as the provision of shelter, water, and food. Everly et al. (2000) also countered some criticisms of the CISD techniques and cited the lack of appropriate training of debriefing technicians. Hawker et al. (2011) countered further criticism by noting that some clinicians failed to adhere to the guidelines related to process, duration, timing, and participants. Currently, CISD is primarily used with emergency services personnel, however, some sections of the emergency services use caution when carrying out CISD, and it is rarely used outside this sector (Hawker et al., 2011).

Individual crisis intervention is not part of CISD but rather would be a referral to someone who would see the impacted individual privately if all earlier interventions of CISM failed to adequately help mitigate the traumatic stress. Individual crisis intervention may include counseling or psychological support depending on the needs of the person. Family support services are intended to support the family as a unit. Follow-

up and other significant services are intended to address any issues identified through the assessment, such as support to deal with subsequent incidents (Mitchell, 2004).

CISM is intended to support the individual to cope with critical traumatic events, such as a sudden death or a critical work-related event. Manajan (2010) noted the importance of learning from critical incidents to improve the individual and organizational capacity to respond to such events without the emergency service workers becoming re-traumatized. Mitchell (2004) explained that CISM remains relevant in multiple settings such as for front line health care staff and emergency services personnel (Müller-Leonhardt, Mitchell, Vogt, & Schürmann, 2014). The field of crisis intervention support continues to evolve to meet the needs of personnel. It is important to note, however, that most people are simply having normal reactions to abnormal events, and do not require therapy (Mitchell & Everly, 1997).

The different components of CISM allows the relevant elements be selected to help those who experience a strong response to a traumatic event. Mitchell and Everly (1995) proposed that this comprehensive approach should include pre-event training to assist people to deal with the impact of crises and trauma. The various CISM components should be interlinked to ensure a planned, versatile, and adaptable approach to crisis management, and Mitchell recommended combining components of CISM for optimal results in support of the participants. The interlinked components of CISM can be successfully utilized, with the elimination of the CISD portion (La Greca & Silverman, 2009). Müller-Leonhardt et al. (2014) noted the elimination of the debriefing component limits the risk of re-traumatizing participants.

Psychological first aid (PFA). The intention of PFA, like that of CISM, is to help reduce the long-term negative impact of traumatic stress. PFA was developed by the National Center for Post Traumatic Stress Disorder (NC-PTSD) in conjunction with the United States Department of Veterans Affairs in 2006 (Everly, McCabe, Semon, Thompson, & Links, 2014). The most senior level global humanitarian group, the InterAgency Standing Committee (IASC), endorsed PFA as a recommended support mechanism. PFA is used immediately following critical events, such as a natural disaster, to help people cope (Lewis, Varker, Phelps, Gavel, & Forbes, 2013). The aim of PFA is to utilize nonintrusive, pragmatic support, based on one's assessed needs (Lewis et al., 2013). Litz et al. (2002) strongly supported the provision of basic comforts and support to trauma survivors which help to address people's needs, such as that offered from PFA.

Psychological first aid is a framework for crisis response to support both survivors and responders to traumatic events (Shultz & Forbes, 2013). The basis for the PFA framework is the human need in the aftermath of a crisis for basic life-saving services (such as liquids, food, clothing, and shelter), communication and information, and social support. Psychological first aid facilitates people impacted by trauma to share experiences, without requiring the person to relive the event they survived. Skogstad et al. (2013) noted that being involved in, or witnessing, a traumatic event can challenge a person's reality. PFA offers an opportunity to reaffirm the person is having a normal reaction to an abnormal event. The PFA worker can validate the person's reported experiences as those that can be expected subsequent to the critical incident (and are,

therefore, “normal”). Such interactions help people to cope with their experience and commence restoration of their equilibrium.

The components of PFA include protecting the individual from harm, which gives people the chance to talk, without pressure, with someone who actively listens with compassion (Allen et al., 2010). Based on the issues identified by the individual, such as the expressed need to communicate with loved ones, the concerns are acknowledged and addressed, with access to services and a discussion of coping strategies. Schafer, Snider, and van Ommeren (2010) highlighted the benefits of social support mechanisms and noted the empowerment perceived by aid workers involved when PFA was applied for survivors of the 2010 Haitian earthquake. In the aftermath of a critical incident, normal people are said to have normal responses to abnormal events (Mitchell & Everly, 1995). The implication is that people may need brief support to regain their pre-incident level of functioning, but most people will not require therapy. The above statement attributed to Mitchell and Everly (1995) with regard to CISM, is also applicable to PFA.

As in critical incident stress management, in PFA appropriate referrals are made for those needing follow-up. Psychological first aid allows validation of the individual experience of events as they relate to that person. Someone will actively listen to that story with compassion (Shultz & Forbes, 2013). Providing practical assistance through connection with social support mechanisms helps the person to engage with social support networks. Contact through support networks helps people adjust to their new reality and promote the ability to seek support from those who care about them, and enables them to communicate their experience (APA, 2012b).

Following endorsement by the IASC, the World Health Organization (WHO) and several nongovernmental organizations (NGOs) adopted PFA to support survivors of natural and human-caused crises (WHO, 2011). Shultz and Forbes (2013) noted the unprecedented uptake in the adoption and application of PFA in the aftermath of the 9/11 attacks. They credited the uptake of PFA in this circumstance to the concurrent dissemination by mental health experts and international guideline recommendations for PFA use as a best practice in the early interventions for trauma survivors.

After the 2010 earthquake in Haiti, two NGOs, World Vision International and War Trauma International, rolled out PFA for survivors of the crisis (Schafer, Snider, & van Ommeren, 2010). Schafer et al. (2010) reported positive feedback from the NGO staff who participated. Allen et al. (2010) noted that when PFA was used in support of aid personnel following Hurricane Gustav, it increased aid workers' confidence in dealing with the affected population. PFA utilizes available resources and existing support mechanisms to facilitate responders' recovery.

In-house stress management services. Many aid organizations provide in-house services for their staff. Eriksson et al. (2012) highlighted aid organizations' responsibility to provide relevant stress management support to staff, yet stress management service provision lacks standardization and regulation within the aid sector (Cordozo et al., 2012). In-house stress management services range from dedicated stress counselors to stress management training for staff. Duffield (2012) found that current aid worker training is insufficient to meet the aid workers' needs to enable them to cope adequately with the stressors experienced in their operational environment. Duffield recommended

providing resiliency training as an additional mental health support mechanism for aid workers. These findings suggest there is a need to understand how aid workers perceive existing in-house stress management services and their experiences interacting with these services to appreciate their relevance.

Unmet Needs

A number of areas continue to require attention to provide support for emergency services providers. Applying the existing knowledge to establish effective stress management and support mechanisms is critical because aid workers repeatedly see and hear of traumatic events that put them at extremely high risk for vicarious traumatization. PFA may provide a good antidote to this traumatic stress. For some organizations, the approach to personnel safety is based on litigious concerns or efforts to maximize productivity, rather than a commitment to staff well-being (Colley et al., 2013). In countries such as Britain it is used as a response to national legislation of new or increased health and safety standards (Godwin et al., 2013). Providing support for aid workers must be enshrined in the organizational commitment to those they serve (Willie & Fast, 2013). Meyer et al. (2012) called for further research into resilience development among emergency services personnel to inform emergency personnel training. Additionally, Skogstad et al. (2013) noted the higher propensity of professionals to develop posttraumatic stress disorder in the absence of adequate specialty stress management training. Eriksson et al. (2013) highlighted the potential to maximize staff capacity through training to develop support mechanisms to help peers during and after traumatic events. This training would help organizations to enable staff to build stress

resilience and devise social support structures to mitigate and prevent the negative impact of stress. Deepening the understanding of stress, with the development of an appropriate mechanism within the emergency services, has the potential to inform other sectors' practices.

Posttraumatic growth. The ideal outcome of surviving a traumatic event would be to achieve posttraumatic growth. Pooley et al. (2012) defined posttraumatic growth as an adaptation of positive behaviors and cognitive processes**.** An example of posttraumatic growth might be individuals who suffered a traumatic event changing what they perceive as important following the event, and developing a richer appreciation of life and of things they previously took for granted. Teodorescu et al. (2012) found that people who developed posttraumatic growth altered their approach to life. Kashdan and Kane (2011) noted that personal confidence may increase following a period of posttraumatic growth as the person pushes boundaries and deals with risk differently. As such, PTSD is not an inevitable outcome of a traumatic event experience. A small subset of people who experience trauma have a positive result in the form of posttraumatic growth. Although outside the parameters of this study, further research is needed into what best contributes to posttraumatic growth (versus PTSD) as a means to help aid workers and all others responding to events that may result in traumatic stress.

Summary and Conclusion

Throughout this literature review, several themes emerged pertaining to aid workers' perceptions about stress management services available to them, and their rationale for engaging or not with these services. Although occupational stress affects all

workplaces and sectors, humanitarian aid workers may have higher risk factors for trauma exposure than other job classes (Connerton et al., 2012). Exposure to human suffering has the potential to lead to long-term impact and distress (McFarlane, 2010). Enabling stress management systems, services, and resilience among personnel increases coping capacity and long-term well-being (Bardoel et al., 2014). In the humanitarian aid sector, additional pressure associated with providing timely life-saving interventions for crisis-affected populations exacerbates workplace stress. Existing stress management interventions provided by aid organizations are insufficient to alleviate stress for humanitarian frontline staff (Connorton et al., 2012). Understanding aid workers' needs and relationships with existing stress management services is vital for creating appropriate interventions to meet their needs. To inform such action, documenting humanitarian aid worker perceptions of stress management services could inform a review of the existing services provided.

Emergency service personnel and aid workers encounter comparable workplace urgency issues (Blake et al., 2013). Improvements in stress management offered to emergency service personnel may inform improvements to services for aid workers (Tuckey & Scott, 2014). Optimizing productivity in any operation requires appropriate measures to enable personnel to work safely. There are a number of techniques successfully used to support emergency services personnel, such as CISD and PFA. Further adaptation of these techniques for dedicated use in the aid sector has shown some success (Schafer, et al., 2010; Vergara, & Gardner, 2011). Gaps in understanding remain unknown. For example, whether the same problems with CISDs used with emergency

services personnel will exist in the aid sector, or whether an adaptation of CISM services that omits CISDs will be effective in the aid sector. Further, while PFA seems the ideal intervention approach for many other sectors, its efficacy has yet to be adequately evaluated in the humanitarian aid sector.

In Chapter 3, I describe the phenomenological, qualitative approach I used to gather and analyze data through interviews with humanitarian aid workers—more specifically, the information used to identify and analyze, from the perspective of international aid workers, the key elements that enable and inhibit them from engaging with stress management services. Insight from these perceptions are hoped to contribute to positive social change for international humanitarian aid workers by contributing to the scholarly literature on traumatic stress response.

In conclusion, in this chapter a wide range of literature (Allen et al,. 2010; Connorton et al., 2012; Cordozo et al., 2012; Curling & Simmons, 2010; Ehrenreich & Elliot, 2004; Eriksson et al., 2012; Fechter, 2012b; Nilsson et al., 2011; Tol et al., 2012; Williams & Greenberg, 2014) was examined that supports the importance of support for emergency service personnel. Although the impact of stress on aid workers is known, more research is needed on the elements aid workers perceive as important when choosing to engage or not with stress management services. Therefore, the gap in the literature suggested a need for a qualitative study in which aid works are interviewed about their perceptions of stress management services and what makes them seem worthy of engaging in or not.

The methodology chapter provides details about the proposed process to gather, analyze, and interpret the data to fill this gap. As an inductive study, the proposed approach was designed to learn from the real-world experiences of aid workers to potentially help find better ways to cope with stress. The information was used to identify and analyze, from the perspective of aid workers, the key elements that enable and inhibit aid workers from engaging with stress management service. In the next chapter the sample, data gathering and data analysis plans, ethical concerns, and triangulation plans are discussed.

Chapter 3: Research Method

Introduction

Aid workers experience high levels of stress associated with their occupational experiences. In the first two chapters, I provided details of the evidence gathered to date surrounding occupational stress, stress management in emergency services personnel, and stress issues for aid workers. In the literature review, I revealed the wealth of existing research around stress management for emergency services personnel. The challenges aid workers face in their working environment are well documented (Blake & Taylor, 2013; Connorton et al. 2012; Cordozo et al., 2012; Curling & Simmons, 2010; Duffield, 2012; Ehrenreich & Elliot, 2004; Eriksson et al., 2012; Fechter, 2012b; McCormack & Joseph, 2012; Nilsson et al., 2011; Roth, 2014), and there are some stress management services provided to aid workers. A gap in the current research relates to aid workers' relationship with the stress management services provided for them by the aid organizations for which they work. In this chapter, I outline the rationale for the research methodology, how the participants were identified, and measures to ensure trustworthiness of the data.

Research Design and Rationale

The aim of this study was to understand a gap in the literature related to how international aid workers perceive their work-related stressors and their subsequent experiences of in-house stress management services. Further, I aimed to describe the factors that influence aid workers' decisions to access in-house stress management services. To gain an understanding from the perspective of the aid worker, a qualitative method was appropriate following a course of phenomenological inquiry. With this

approach, participating aid workers described their lived experiences of stress management services and the stressors that prompted their use (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). The phenomenological inquiry allowed analysis through the emergence of themes from the information shared by the participants.

The research questions posed for this study follow:

RQ1: How do aid workers perceive their work-related stressors?

RQ2: How do aid workers describe their experiences of in-house stress management services?

RQ3: How do aid workers describe their decision-making process about whether to access and use in-house stress management services?

Aid workers operate in challenging environments, and their capacity to deal with stress has the potential to impact their performance. Those who have unaddressed stress issues risk psychological, emotional, and health challenges (Eriksson et al., 2013). In the aid sector, the long-term negative impact of stress may compromise the aid workers' ability to provide optimal services to populations in need. The central concept of this study was that aid workers experience stress and have access to stress management services, yet not all aid workers do access these services (Connorton et al., 2012).

The qualitative approach is an interpretative process that allows a researcher to understand an experience from the perspective of the participants (Barratt, Choi, & Li, 2011; East, Jackson, O'Brien, & Peters, 2010)—in this case, the aid workers' shared experiences, behaviors, and reasons that govern their behavior. The phenomenological approach best fits a problem based in the past, wherein the participants relate their

retrospective experience; thus, the phenomenological approach suited this study (Holt, 2010). To gather sufficient data with thematic prevalence, Guest, Bunce, and Johnson (2006) recommended researchers interview 12 participants.

To gather the required data, I conducted in-depth, semistructured interviews, using open-ended questions. Interviews were carried out on a one-to-one basis, in a location chosen by each participant to conduct his or her interview over Skype, as guided by Merry et al. (2011). Interviewing multiple persons who met the defined inclusion criteria allowed me to locate the universal nature of the participants' experience (East et al., 2010; Granot, Brashear, & Motta, 2012).

Role of the Student-Researcher

I currently work on the Syria crisis for the UNOCHA and recently worked in Sierra Leone and Pakistan. The site for data collection was outside of my former and current humanitarian aid work locations, thus limiting any impingement on my professional relationships with participants. In addition, targeting workers who did not work for UNOCHA prevented any risk of inclusion of those for whom I have a supervisory relationship. I undertook a number of steps to ensure those participating in the study received timely and relevant information with regard to their rights when participating in this study. To ensure that the ethical and legal requirements of conducting this type of study were met, I embarked on this study with a sufficient level of training, competencies, skills, and understanding of the required information to undertake this research, as recommended by Bell and Salmon (2012). I ensured appropriate planning and preparation to minimize any harm, real or potential, to the participants. I designed the

instrument, gathered the data, and conducted the data analysis myself. I carried out the interviews in person and analyzed the data with support from my dissertation supervisors, ensuring compliance with ethical and instructional guidance.

Critical to this study was the need to identify, acknowledge, and bracket any areas of judgment or bias to ensure that the analysis of the findings accurately reflects the participants' input (Tufford & Newman, 2012). Chenail (2011) recommended that researchers take the time to identify and reflect on any bias they might hold. As an operational aid worker who has suffered stressful periods during deployment, I acknowledged preformed judgments regarding some aid workers' behaviors and my own potential conflict of interest. I provided participants with transparent information about my professional role in UNOCHA as distinct to that of my role as a researcher. I studied the experience of other aid workers from organizations other than UNOCHA who operate in a different field location, thus, minimizing the risk of multiple relationship issues (Holt, 2010).

As I wished to gain a better understanding of aid workers' stress management experiences through this research, there was a risk that the participants would become upset during the interviews. I informed potential participants of the risk and had a plan to provide them with options to access no-cost or low-cost stress management services if needed (Boblin, Ireland, Kirkpatrick, & Robertson, 2013) through the United Nation's Department of Safety and Security (UNDSS), which provides stress management support for staff of the United Nations and for NGO staff (UNDSS, 2013).

Methodology

Participants and Sample

The sampling technique was purposive to ensure targeting of appropriate participants from a homogenous sample of international aid workers. International aid organizations hire national and international staff. For the purpose of this study, only international staff were targeted as they do not have the social support structures in the locations where they work such as those that the national staff have. Their homogeneity arose from their status as international staff. In a purposive sampling method, researcher seeks to identify participants based on defined characteristics (Stoto et al., 2013). I set up a Facebook page targeting aid workers solely for the purpose of identifying potential participants. I shared the link to this page with my existing network of aid worker Facebook friends and asked them to share the link with their friends. In this way, the information reached a range of aid workers from the UN, NGO, and international organizations to target them as potential participants. I posted information to describe the study, the inclusion criteria, and how interested individuals could contact me for further information. Potential participants contacted me via e-mail for inclusion.

The inclusion criteria were staff members who had been working with an NGO or any UN system member, except UNOCHA, and who had 5 or more years of international aid work experience. Given the number of years of required emergency employment, participants were at least 23 years of age and under 62 years of age as this is the retirement age cut off. The duration of time spent as an aid worker was not inclusionary. International aid organizations recruit international staff at the international level, and as

such they come from a variety of backgrounds and nationalities. Their commonality was as an international aid worker. The participants had to be sufficiently fluent to converse easily in English and not undergoing mental health treatment at the time of the interview. Boblin et al. (2013) recommended that the criteria reflect the ethical guidelines of beneficence, justice, and respect for participants. Thus, the exclusion criteria were those who were working with UNOCHA and had less than 5 years' experience as an international aid worker.

Based on the inclusion and exclusion criteria articulated in the Facebook post, participants contacted me via e-mail to nominate themselves for participation. Upon receipt of the contact, I cross-checked each participant's details against the inclusion criteria to verify his or her relevance. Once verified, I sent out the requirements for participants, the provisions for assuring confidentially, and the informed consent process details. Those not selected received an e-mail of gratitude for their interest, along with an explanation that their profile did not match the criteria.

Twelve international aid workers met the above stated criteria, with an aim to reach saturation (Guest et al., 2006). Guest et al. (2006) found that new information appeared within the first six interviews in a qualitative study and that themes are repeated in subsequent interviews. As such, I interviewed 12 international aid workers, who were a homogenous group, and I knew saturation was reached when the participants' information was repeated and no new information was shared. The participants were not recruited based on gender definitions to avoid gender stereotyping (Heilman, 2012). The

experiences and concerns were weighed equally to strengthen the identified information (Tomova et al., 2014).

The process of informed consent follows: The participants received a written consent form that stated the purpose of the study, details of the boundaries of confidentiality, explanations of the absence of remuneration, and the study parameters including duration and the chance the process might involve more than one interview with the participant (Tabor et al., 2012). In the consent form, I stated the potential for discomfort to the participant. Each participant received a request to read the statement and e-mail me their statement of consent, while retaining a copy for their record.

Instrumentation

A semistructured interview process was used to collect the data. Although formal in its structure, I began with some informal greetings and explanation of the process to allow the participants to be at ease and ask any questions they have. I used a set of predefined questions to guide the interview; however, if a participant deviated from the trajectory set to a relevant area of description, then I perused the direction with a relevant line of inquiry (Irvine, Drew, & Sainsbury, 2013). Once the relevance of the direction departed from the central themes, I returned to the preset question guide. The interview was expected to take an hour to an hour and a half, depending on the participants' responses.

The data collection instruments for this study were audio recordings of each interview and a sheet to record the participants' demeanor. Each interview recording was transcribed to allow me to analyze the data. The transcripts of the interview were

reviewed against the documentation of the participants' demeanor during the interview. During each interview, in addition to digitally recording the interviews, I took notes based on my observation of the participant during the interview. Recording this information helped verify emotions associated with elements of the participant's narrative (Fast, 2010). These notes helped capture descriptions of any residual impact on the aid workers from their experience (e.g., laughing about an exchange they found upsetting at the time but, in retrospect, they saw in a humorous light).

There are limitations to the use of an online video interview technique to gather the data. There was a possibility that conducting an online interview versus an interview in person would limit my capacity to pick up on nuances, as I was not in the room with them. Although there was a possibility of using the video tool for voice only by turning off the video component, there is value to seeing the participant's body language as one undertakes the interview (Rodham & Gavin, 2006). For example, a participant may have displayed anxiety pertaining to some point by shaking their leg, which I did not see on the video. I was aware of this limitation and was vigilant to any nuances. Another limitation I acknowledge was that an online tool increased the likelihood of the participant dropping out more readily than in a face-to-face interview. I accepted this limitation and was prepared with alternative participants to interview should this have arisen.

Data Collection Techniques

Data collection took place through semistructured, open-ended questions. This process allowed me to gain the essential meaning of each participant's experience, in

order to build an understanding of the invariant structure of their experience (Granot, Brashear, & Motta, 2012). I protected the identification of the participants. Each interview was planned for 1 hour to an hour and a half. I recorded each aid worker's interview for accuracy using a voice recording device and then transcribed each participant's interview. Where a clarification was required, I contacted the relevant participant to ensure that I accurately understood the point.

The interview questions were designed to gather information relevant to answer each research question. I used open-ended interview questions for each research question to explore the aid workers' experiences to help understand their behavior. The interview questions formed part of the institutional review board (IRB) application for approval, and only the questions approved by the IRB formed the interview approach (Walden University, n.d.). The interview questions follow:

RQ 1: How do aid workers' describe their experiences of in-house stress management services?

- Tell me about your experience interacting with in-house stress management services.
- Describe your impression of the help the in-house services gave you.
- How does accessing the in-house services compare with your experience on other methods of dealing with stress?
- How do you view the stress management services within your organization?
- What was your impression of the stress management services? What did you think of the support they offered?

- If you experience distress in the future, how do you think you will deal with the stress? Would you return to the stress counselor?

RQ 2: How do aid workers perceive their work-related stressors?

- Would you please describe the work-related stressors you experienced?
- What is the impact of work-related stress on your ability to function in your job?
- Would you please share how work-related stressors compare with stressors from your personal life?
- Would you please share your perceptions as to the role your gender plays in terms of the stressors you experienced?

RQ3: How do aid workers describe their decision-making process about whether to access and use in-house stress management services?

- Tell me about the process you went through to decide to use the in-house stress management services.
- What other services would did you consider when making your decision?
- Would you prefer to use your organization's services rather than another option? If so, would you please share why?
- How did you learn about the in-house stress management services available?
- To what extent do you think that your peers use these services?

The interviews took place using an on-line, free-of-charge video conferencing tool. Skype is an online tool that requires the person to download the program onto his or her device and set up an account. Many of the participants had an existing Skype account

and choose to use it. A second video conferencing tool option Appear-in was offered, but none of the participants chose to use it. Merry et al. (2011) recommended ensuring interview sessions take place in an area where the participant is comfortable. Thus, in each case, the participant chose a location and timing that suited his or her needs and privacy. Deakin and Wakefield (2013) noted how an online interview process may enable the participant to express themselves in a way which a face to face interview setting may inhibit. Deakin and Wakefield explained how the use of online interviews may place more control in the hands of the participants. For example, during the interview the participant may disconnect at any point or choose whether he or she wishes to use the camera and voice or just the voice element. Deakin and Wakefield noted the need to continue to explore Skype as an equal interview method choice; however, they noted a number of positive aspects when undertaking online interviews. For example, online interviewing is cost effective. It facilitates flexibility for both the participant and the researcher to set up an interview time that is acceptable. The participant had the option to set up a Skype account or equivalent just for the interview, which facilitated anonymity, and as the participant and researcher did not have to travel to participate in the interviews, there is a reduced health and safety risk. Each participant received a request to share via e-mail any creative expressions he or she produced that might describe, contribute, or substantiate an experience. These creative expressions or artifacts might have included written material, such as journal or diary entries, blogs, artwork, video or voice recording, or other bodies of work. Participants were asked to share electronic copies, such as photographs or scanned copies of material, including voice recordings. Such artifacts

supported the statements, perceptions, or participants' experience (East, 2010). I asked the participant who submitted an artifact to describe the material, significance, and meaning. Reference to this material, including quotations or paraphrasing, was part of the informed consent process with the participant. Some participants chose not to share artifacts and continued to participate in the study.

The participants exited the study through a debriefing process following full analysis of the information. In addition, they received a summary of the findings, analysis, and recommendations. Participants were not asked to undergo follow-up interviews, but as outlined above, clarifications on any ambiguous points of their interviews were done during the data analysis phase.

Data Analysis Techniques

Data analysis drew from phenomenological methods to manage the data in defined stages to undertake a phenomenological reduction (Bevan, 2014). I identified and bracketed any judgment and subjective response to the participants' answers (Granot, Brashear, & Motta, 2012). Once I transcribed the interviews, I read each transcript in detail. I reviewed and evaluated each participant's responses to build meaning units in a technique which clusters similar information into categories (Holt, 2010). Horizonalization describes the second stage. I listed the significant statements gathered relevant to the topic. I developed a structural description of the experience, which required me to reflect on any potential different meaning or perspectives (Creswell, 2013). In the next stage, I grouped the statements into thematic or similar meaning unit clusters and deleted any statements that overlap with others, or appeared repetitive.

Finally, I reviewed the categories of the participants' experiences and their meaning and refined the meanings into their essential structure (Palmer, Larkin, de Visser, & Fadden, 2010). Following a comparison of the interview transcripts and the interview notes made I explained the experiences using the structural meaning. Where possible, I highlighted aspects of experiences common to participants which contributed to building invariant structures (Holt, 2010), which exposed the essence of the experience described. I substantiated the outcomes with existing inquiries related to other groups in similar job areas, such as emergency responders. I acknowledged there were a number of dedicated digital tools to assist with organization of the data and which assists with coding and categorization, such as NVivo and MAXQDA. During the analysis of the data, I ensured I did not lose the meaning of the data through coding, which is a potential when using tools such as NVivo (Schönfelder, 2011). Discrepant findings were noted, reviewed, and explained during the analysis.

Verification of Trustworthiness/Authenticity

Qualitative researchers must ensure data quality and verification. The process commences during the research planning phase (Tracy, 2010). I documented in a transparent manner what was done to allow the reader to gauge the trustworthiness of the data, analysis, and findings. This documentation explained the study's credibility, based on its plausibility, and provided sufficient information to allow the research to be reliable and dependable. External validity factors which enable transferability were addressed and sufficient information was provided to enable authenticity, thus confirming the findings.

Data triangulation was used to ensure the findings are correct and certain and, therefore, valid. Triangulation is a process where two or more methods help to cross-check information to validate findings (Palmer et al., 2010). Data triangulation took place by drawing on different data sources and compared them. In addition, the artifact optionally provided by the participants, a stress management proposal to managers for an aid organization, was analyzed to measure the same unit, thus overcoming any deficiencies in a singular method approach (Abawi, 2012). The proposed methods aimed to increase finding validity which improved the trustworthiness of the outcomes.

Procedures to Ensure the Quality of the Findings and Verification

This study provided a number of approaches to ensure quality and verification of the findings. The procedures that I used to ensure rigor and credible data collection are detailed below. The narrative report allows readers to identify the trustworthiness, in terms of credibility, dependability, generalization, and confirmability. Engaging with the participants allowed me to build an understanding of their perceptions of their situation and context to appropriately interpret and describe as part of the analysis and documentation.

The notes I took during the interviews provided details noted throughout the interviews, and provide rich, thick descriptions to add to the data analysis. Information on the participants' background and level of experience, the context within which the phenomenon of aid worker interaction with in-house stress management services occurred, and the procedures through which the data collection took place added to the thick descriptions (East et al., 2010). The details provided in this report allow other

researchers to validate the findings and the analysis and determine how transferable the results are to other contexts. I will maintain records for 5 years of all the materials gathered through this study, including interview recordings, transcript notes, observation and analysis records, and any optional artifacts. The combined archive of information contribute to an audit trail, if other researchers choose to interrogate the study results and test the dependability of the data.

Data Interpretation

The data interpretation process sought to attach meaning to the information gathered and answer why aid workers interact with stress management services as they do. The data analysis process produced the essential structure of the participants' experiences (Palmer et al., 2010). Patton (2002) recommended that the description of the participants' points should be separate to the interpretations of the researcher.

The interpretation sought to attach meaning to the data, and I used my experience as an aid worker to inform this process. The interpretation phase required me to deal with different perspectives as reported by the participants, and irregularities in the information, and apparent contradictions in the reports (Patton, 2002). For negative or deviant cases, I reviewed the interview transcripts and noted different perspectives and irregularities as they were reported. I provided in Chapter 4 an explanation of the deviant cases which arose.

With the interpretation, I confirmed what is known about why people interact with stress management services, as supported by the data; provide sufficient information to allay any misconceptions; and bring to the surface aspects of the aid workers'

perspectives that were previously unknown. “Interpretation means attaching significance to what was found” which is supported by participants’ quotations or a paraphrase of their point to ensure representation in the participants’ terms (Patton, 2002, p. 331).

The artifact shared by a participant contributed to supporting the derived meaning. I provided recommendations drawn from the interpretation of the data (Palmer et al., 2010). During the data collection, one artifact was provided by a participant. I provided recommendations in Chapter 5 drawn from the interpretation of the data (Palmer et al., 2010).

Although the participants were a homogenous group of international aid workers, some participants provided information that was outside the pattern of the themes found, known as deviant or negatives cases (Damianakis & Woodford, 2012). There was a possibility that some of the finding would have a gender aspect. During the interview, I asked each participant what role they thought their gender played in how they dealt with the stress they encountered. As part of the analysis strategy, I reviewed each participants’ interview transcript and, if needed, then broadened or revised the emergent patterns derived from the data analysis. There was one gender-linked finding, which will be discussed in more depth in Chapters 4 and 5. The revision for negative and deviant cares helped me explain what may initially appear as contradictions.

Use of Existing Research Evidence to Inform Interpretation

The study drew from existing research to expand and develop findings. Ideas or proposals presented in existing research enable engagement in explorative speculation on the data usage and implications (Palmer et al., 2010). Following the analysis of themes

from the findings, I revisited the existing research to review the outcomes from previous studies. I noted the similarities with the findings from this study, and where these studies' findings contributed to the gap in existing literature with relation to international aid workers' perception of their work-related stressors and the issues that informed their decisions when accessing stress management services provided by their aid organizations. My research supervisors supported insight development.

Ensuring Participants' Perspectives

As a student-researcher, I ensured I maintained my responsibility to the participants' with an appropriate reproduction of their perspectives in the data interpretation section. There were a variety of ways to ensure the participants' perspective is represented and using participants' words in quotations, or short vignettes are effective according to Patton, as "each bring his or her assumptions, beliefs, or perspectives" (2003, p. 174). This approach helps to connect the information provided with a human perspective (Blodgett, Schinke, Smith, Peltier, & Pheasant, 2011). Before publication, I shared a summary of the study's findings with each participant to ensure the analysis accurately reflects participants' experiences. I used this method to verify with participants that I accurately represent their information and allowed them to correct any misunderstanding I hold (Denham & Onwuegbuzie, 2013). Once their feedback was received, I reviewed the analysis and further inductive outcomes may evolve (Schensul & LeCompte, 1999). As an emic inductive study, I connected the findings with my personal experience as a stressed aid worker who accessed in-house services during the peak stressor impact. This interpretation has a basis in the knowledge and understanding of the

context investigated from my unique perspective. I made every attempt to avoid bias through an acknowledgement of my personal feelings and emotions related to the issues, and bracketed these. I remained open to the information and findings which the process revealed and was open to all possibilities that the analysis revealed. The interview was conducted in a manner that avoided interview bias; thus, I did not steer the participants' responses in a manner that I wanted to see as the outcome. Instead, their responses reflected their honest experience. This required me to choose carefully the wording I used in the interview and avoid ambiguous or general terms.

Ethical Procedures

I ensured the study's methodology adhered to the guidance from the Walden University Institutional Review Board (IRB) for both legal and ethical compliance (Walden University, n.d.). To this end, I ensured each component of the IRB application was truthful and within the boundaries of my practice. I submitted the proposed letter of consent to the IRB for its approval. The Facebook post announced the study, and interested individuals contacted me and filled out the informed consent form. I am an aid worker, and I gathered data from aid workers who work with organizations different from the one for which I work. My role bears the risk of multiple relationships, and I proactively managed this risk (APA, 2010).

The researcher must aim to ensure beneficence, where the welfare of the participants was paramount (APA, 2010). I ensured fairness in the selection of participants and ensured each was treated fairly (APA, 2010). The information provided about the inclusion and exclusion criteria allows the reader to understand their relevance

to the study. All measures feasible were taken to ensure confidentiality of the participants' involvement in the study and their privacy and privacy of the participants, which the informed consent process enhanced.

The documentation in the informed consent process allowed potential participants to understand their rights as a study participant and related to the study process. The information provided the potential participant's information to reassure them they could withdraw from the study at any point. In addition, there was a clear statement of the lack of any reimbursement for those included in the study, and an explanation of the measures planned to ensure the ability to maintain confidentially of the information (Schwartz et al., 2014). As the interviews took place via an online video tool, the informed consent reflected this approach.

Included in the informed consent process were details of the criteria and detailed criteria for inclusion and exclusion of potential candidates (Tracy, 2010). The candidates were provided with information as to the duration of the interview and the steps I took to protect their identity and their privacy. I included details of the processes and measures in the informed consent process. Participants were offered online video tools options, including Skype or Appear-in. Each option offered privacy, and provision of an option to allow the participant to choose the option which allows them a comfort level they found acceptable. The informed consent specified how the interviews were to be recorded, and the tapes kept for five years by myself in a locked file cabinet and will be for use only by myself; that is, not to be heard by anyone else. This process allowed the potential participants to fully understand the process, and pose questions that I could answer.

Each participant signed and sent me a consent form (Schensul & LeCompte, 1999). Aid workers affirmed that participation was voluntary, and they were notified they could withdraw at any time from the study by sending me an email. I ensured the participants were employed in a location other than the one in which I work to avoid any risk of multiple relations or coercion (Patton, 2002).

The application to the IRB included the proposed research questions and the process used to collect and analyze the data (Walden University, n.d.). The application included details of the study focus and ensured the method of data collection was linked to the research questions. In this way, the feedback from IRB and the approved method ensured an ethical approach that protects the participants (Chenail, 2011). Following the IRB approves the proposed approach, I adhered strictly to the approved methodology.

I designed the instrument, gather the data, and conduct the data analysis in a way that minimizes the risk to participants. All participants were notified of all their rights to fulfill all aspects of ethical and legal requirements (Bell & Salmon, 2012). I minimized any risks, including risks to the privacy of the participants, with particular sensitivity to the use of an online video tool for data collection. The participants received information as to the data collection method, and were informed of options provided to them to allow them choose the relevant online tool which suits their privacy, outlined in the consent form. I was sensitive to participants' worries with concerning the possible implications of the information they provide. As such, I safeguarded the participants' professional stance to allay any risk of the information they shared. A remaining risk was that some participants would experience a stress response based on their involvement in the study.

The participates received sufficient information in the informed consent process to allow each of them to understand the risks of their involvement in the study before they agreed to participate. I provided information on how and where to access no or low-cost support should it be required. Holt (2010) noted how the level of risk to the participant must be reasonable and mitigation measures taken to limit any negative impact.

I ensured the abstract provided sufficient information to allow readers to derive the importance of this body of work. The narrative allowed the audience to track the study process, including the analysis process and validation methods which led to the findings interpretation, as guided by Creswell (2013, p. 179). The narrative included details of my role and experience, with a full disclosure of my biases, and the efforts I took to bracket these from any data interpretation. The data analysis process was explained to allow the reader understand and track the process. Where relevant, examples provided, with a textured description of the aid workers' experiences. I provided clear recommendations based on the study findings and outcomes. All participants received a two-page summary of the findings to allow them to verify their input.

Each participant's identity was kept confidential. I used a code to identify each participant and ensure that any quote or summary point would not be attributable to the individual participant. All the collected data, voice recordings, interviewer notes, transcripts, and the artifact were secured in a dually locked file cabinet, accessible only to myself. The data were retained in electronic form only, saved on a dedicated external device. All data will be destroyed after 5 years, in compliance with the IRB requirement.

As my work requires that I move locations frequently, I will carry the external electronic device with me, in my hand luggage, as I travel to new postings.

Summary

In summary, the process for this research was a qualitative method with a phenomenological approach. The participants were drawn from aid organizations based in hardship duty stations, but not those working with UNOCHA to limit the risk of ethical impropriety with multiple relationships with the participants. A total of 12 aid workers participated. The instrument data collection was undertaken using open-ended questions posed in interviews. Data analysis was done to identify the constant elements of the aid workers' experiences. Data interpretation aimed to add meaning to the stories of the participants, and recommendations were made based on the findings. I ensured the documentation of the process provides sufficient details to allow the reader to decide the validity of the process. Chapter 4 documents the findings and analysis drawn from the data.

Chapter 4: Results

Introduction

International aid workers operate in a unique environment, usually away from loved ones and familiar support mechanisms. The nature of their work exposes them to human suffering, threats to their well-being, and overwhelming work demands (McCormack & Joseph, 2012). The purpose of this study was to understand the aid workers' perspective of their stressors and the decision making they undertake to decide whether to access the stress management services that their organizations provide. The purpose of this qualitative study was to contribute to the scholarly literature on the perspective of aid workers with regard to in-house stress management services, filling in some current gaps in this knowledgebase. Using the research questions, I explored what aid workers perceived as their work-related stressors, how they described their experiences of in-house stress management services, and how aid workers described their decision-making process about whether to access stress management services as provided by their organizations.

In this chapter, I will discuss the setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and summary of the answers to the research questions.

Setting

To identify participants, I opened a dedicated Facebook page to seek aid workers (see Appendix D). Those interested to apply contacted me via e-mail or left a message on the Facebook page, visible only to me. The Facebook page contained information related

to the criteria for inclusion in the study, several details about the study, and the assurance that there would be no remuneration for participation. Each participant indicated the time and date they were available to participate in the interview and chose to use Skype as their preferred mechanism to participate in the interview. Only the Skype audio mode was used, as some of the participants had access to limited Internet connection.

Demographics

The participants' demographics met the inclusion criteria. Each had a minimum of 5 years international aid work experience, and none currently worked for UNOCHA. The participants' international aid experience ranged from seven to 27 years. Each participant had sufficient command of English to easily converse. Of the 12 participants, only two were native English speakers. To ensure anonymity for the participants, I refer to each person by an alternate name in the narrative below. Table 1 below provides information on the demographics of the participants.

Table 1

Participants' Demographics

	Pseudonym	**Gender**	**Age**	**Years of experience**
1	Nadia	Female	51	25
2	Maria	Female	35	10
3	Rachel	Female	47	27
4	Sarah	Female	47	15
5	Amanda	Female	55	28

6	Becca	Female	43	7
7	Chloe	Female	43	12
8	Tom	Male	38	6
9	David	Male	46	10
10	Jack	Male	44	15
11	Sean	Male	40	18
12	Harry	Male	49	15

After 23 people offered to participate, I requested information related to their compatibility with the criteria. In a review of their information I found that 13 aid workers met the criteria. I contacted the first 12 people who volunteered. Each participant signed and returned the consent form. One person who completed the consent form did not respond to multiple requests to set up an appointment for the interview; thus, I approached the next person on the list who met the criteria. Of those who participated, seven were female, five were male, and all were between 37- and 51-years-old at the time of the interviews. For the purpose of this study, the female participants were referred to as Maria, Nadia, Sarah, Rachel, Chloe, Becca, and Amanda. The men were Tom, Harry, Jack, Sean, and David.

Data Collection

Twelve participants underwent the interview process, and I collected data from each. Of these, three mentioned artifacts such as a written proposal to the managers on how to model behavior to support staff in dealing with stress. One person shared a copy

of this proposal as an artifact, while the other two participants noted that the items that might be considered as artifacts were internal documents within their respective organizations.

I arranged an appointment for each interview based on the schedules of the participants, and the data collection took place over a 2-week period. Each participant was informed that the process might take up to 90 minutes. Some participants used this full-time allocation, while others used less. At the outset of each interview, I highlighted the key elements of the consent form to ensure transparency. Each interview was carried out only using the audio from Skype, recorded using a digital recording devise. Each participant was informed when the recording device was turned on and off. I made notes during each interview of key points and elements as they arose. I stored the digital recording on a flash drive, which was kept in a double-locked cabinet in my home with my notes from the interviews.

Data Analysis

I listened to each interview recording and transcribed each verbatim. Upon completion of transcription of all 12 interviews, I read each interview line by line. I formatted the transcript of each interview with a wide margin and printed a copy of each transcript. As I read the interview, I highlighted keywords, phrases, and concepts. I assigned a code to each unit of information in an open-coding fashion. I listed all of the codes identified, reviewed the list, and noted codes that were similar and those that were redundant. This was an iterative process, as I reviewed each transcript repeatedly to ensure that the codes reflected the data in a constant comparison.

Once I completed the coding process, I reviewed the open codes with the aim to identify overarching closed codes or categories. Through this process, 10 closed codes evolved. Next, I identified themes that reflected the purpose of my study. I reviewed the data and ensured that all data units fit into the closed code categories. Throughout this process, I remained open to revision should a unit of data emerge that did not fit the closed code. The outcome of this process was a range of themes.

Using quotes from the transcripts, I aligned quotes with the different themes. In this way, I was able to examine the ideas that contributed to each theme. I looked for relationships between the themes and used the quotes as evidence. Some quotes appear to fit under more than one theme, and these gave an indication of possible relationships to explore. On further review of each transcript, I undertook a constant comparison with the themes and subthemes identified, and when necessary, I revised and adjusted the themes.

Coding of the Data

On primary review of the data, I assigned a term or code to each unit of meaning. At times, this was a word, a group of words, a phrase, a sentence, or a paragraph. I applied this strategy to each interview transcript and derived more than 100 codes, such as demotivation, unproductive, isolated, family, insecurity, workload, stigma, and recrimination. As the lists of open codes grew, I returned to each transcript to review the coding and sought to revise possible code allocation to align them. For example, I revised organizational care and organizational behavior, to organizational environment.

In the second stage, I reviewed the identified codes and the meaning units per code that supported the development of structural description of the aid workers'

experiences. I identified the key statements and quotes that described these experiences and was aware throughout the review to reflect on any potentially different meanings. Through this process, I identified ten closed codes: role of management, operational environment, organizational policy, formal stress management services, stress impact, social support, adaptive behavior, gender differences in stress management, coping strategies, and the aid worker. I reviewed each open code against the list of closed codes to ensure that each fit into a category, and I noted those that appeared to have a place under more than one closed code. I noted these multiple codes for further review to examine the relationships between elements. Table 2 below provides some examples of the quotes and coding.

Table 2

Sample of Coding from Interview Excerpts

Raw data	**Code**
One participants said: "There were constant threats, grenades being thrown, and people being killed..."	Threat to personal safety
Another participant said: "...it is very important to understand yourself and to understand how you can contribute, because if you can't manage the stress then... all those people around your become part of the problem."	Self-awareness
Another participant said: "I think there can be different levels of [*stress management*], but I don't think it has be to something that is that complicated."	Seeking solutions

In the third phase, I attempted to take the focus from the detailed to a general level and developed six themes. These overarching themes were operational environment, organizational culture, adapting and strategizing, stress management services, social support, and aid worker responsibility (Table 3). I provide details about each theme and their relationship in the text below.

Evidence of Trustworthiness

The credibility of the findings was deduced by member checking and data triangulation. With three participants, I cross-checked whether the analysis of the findings correlated with their experiences as related during the interview and found these to be accurate. I requested participants who mentioned products they produced that supported any of the points to share these artifacts for data triangulation. I used thick description with direct quotes from the interview transcriptions in the narrative below to support the points made.

I provide detailed descriptions of the study process and the assumptions central to the research to allow the reader to define transferability of the findings. As such, the reader will have sufficient information to decide the degree to which the findings might be generalized or transferred to other aid workers in other contexts. The detailed description of the study process, including the analyses and findings, allows the reader to interpret the consistency of the process and to allow for replication. As an aid worker, I acknowledged any research bias and worked to ensure bracketing. In the narrative, I clarified the unique perspective I brought to this study and provided information to allow the reader to confirm the results.

Research Results

In the section that follows, I provide a summary of the results framed by the research questions. The research questions in order of my review below were the following:

RQ1: How do aid workers perceive their work-related stressors?

RQ2: How do aid workers describe their experiences of in-house stress management services?

RQ3: How do aid workers describe their decision-making process about whether to access and use in-house stress management services?

Incorporated under each research question, I organized the results by themes and subthemes that arose from the participants' information. The first theme was organizational culture, with the subthemes of organizational responsibility, policy and reality, management, perception of staff value, workload, and invisible services. The second theme was social support, with the subthemes of family commitments and like-minded peers. The third theme was the operational environment, with subthemes of human suffering, insecurity and threat to personal safety, living and working environment, and culture. The fourth theme was the aid worker with subthemes of exerting control, other aid workers, and gender. The fifth theme was adapting and strategizing with subthemes of self-care and self-awareness, protected rest, physical exercises, and motivating solutions. The sixth theme was the stress management services with subthemes of formal services, informal stress management, and invisible services. The final theme was services, with subthemes formal services, management, and exerting

control. The relationship between elements of the research questions is expressed with a continuation of three of the subthemes under Research Question 3. These subthemes are formal services, management, and stigma and taboo. The themes, with their subthemes, in order of my review are below in Table 3. The section ends with a description of the discrepant findings.

Table 3

Themes and Subthemes by Research Questions

Research Question	Themes	Subthemes
RQ1. Perceptions of work-related stressors	Organizational culture	Organizational responsibility
		Policy and reality
		Management
		Perception of staff value
		Workload
	Social support	Commitments to loved ones
		Like-minded peers
	Operational environment	Human suffering
		Insecurity and threat to personal safety
		Living and working environment
		Culture
	The aid worker	Using experience to cope
		Gender
	Adapting and strategizing	Self-care and self-awareness
		Protected rest
		Physical exercises
		Motivating solutions

RQ2. Experiences of in-house stress management services	Stress management services	Formal services Helping to build resilience Invisible services
RQ3. Decision to access in-house stress management services	Services	Accessible, available services Management Stigma and taboo

Research Questions Results

Research Question 1. Aid workers reported perceiving their work-related stressors as an accepted reality. All of the participants indicated that their aid organizations must enable them to work in safe space and provide them with the basic tools and resources they need to carry out their role in safety. Eleven participants shared their perception that their aid organizations fell short of this requirement. Given this lack of care and resourcing, ten participants described their perception that they needed to take responsibility to manage the issues within their control to maintain their well-being and safety.

The work-related stressors that the participants related predominantly resulted from what they described as poor management decisions, unrealistic organizational policies, overwhelming workloads, pressure to perform, difficult working relationships with colleagues, and feeling demoralized by how their organization treated them. Participants described commitments to family and loved ones as contributing the stress participants experienced through their work. The environment within which aid workers operate contributes to their stress levels. A surprise in the findings was that eight of the

participants shared how their working conditions contributed to them leaving at least one job in the past.

Organizational culture. The most significant stressor that the aid workers reported experiencing was related to work. "The work-related stressors are always there; they don't go away," noted Maria. Only Sean shared how within his organization he felt he had space and confidence to share his concerns and access dedicated support. In contrast, nine participants who spoke of this in detail perceived that, within their organization, there was no space to be honest with their managers and tell them without fear of retribution that they needed a break or needed help. Chloe shared how she felt: "It wasn't really encouraged to talk about if you had any scare during the day, or if you were feeling overwhelmed with stress." Three participants reported how they accessed stress management services provided by their organizations, and the impact had been less than positive. Amanda experienced a period of extreme stress and had pursued help.

> *Amanda.* I sought assistance thinking that this was the logical and the right thing to do . . . and then, really found that it backfired . . . it was used against me. There were attempts to stop me from coming back to the field.

Organizational responsibility. Participants reported there is an absence of minimum standards set for staff care among aid organizations, but most international organizations were reported to have some level of support. The participants noted the importance of predictable, trusted staff care. Harry experienced with one organization how "they would just deal with issues and incidents as they arise, and so ad hoc whatever when someone would burnout." The predominant perception of the participants was

described as David said, “There’s a lot that organizations can do to help staff manage stress that isn’t necessarily stress management.” The organization reportedly plays a key role that sets the tone for how the conditions of work within the operational environment are established and maintained.

> *Jack.* After a few weeks [in an emergency response], I was not really productive… retrospectively I should have left a week earlier, but there was no process. I was proposing to take days off and they say “No, no, no, you cannot take days off yet because it is very early, it is only day number 10.” Remember, there was no places to sleep.

Only Sean shared his sense that his organization cared for his well-being and, in his opinion, took appropriate and relevant steps to ensure his well-being. The other participants shared their view that they feel alone in the role to ensure their well-being and care. All participants acknowledged this role is a joint role with the organization; however, based on their experiences, they reported no longer trusting aid organizations to undertake this responsibility.

Policy and reality. Four participants shared their perceptions that international aid organizations’ staff care policies tend to be flawed. Jack shared that her experience of trying to work within policies developed at the headquarters level did not provide her the safety or job security he experienced in the field.

> *Jack.* There was no place to sleep, no food… the agency I went with… it was not great in planning. You know how some of these [*aid*

> *organizations*], they go, they try to be the first so they put their responders in first to try to get them on CNN, and then the money starts to pour in.

The policies developed must be in place and appropriate to the context within which aid workers must live and work, recommended David. Chloe reported that when she was in the field, she cut her hand and on inquiry, found the first aid kits to be lacking. When she demanded that her organization provide first aid kits, each international staff reportedly received a kit that was "the size of a kitchen cabinet." Chloe described that although she received the first aid kit she requested its size precluding her from taking it with on mission with her. David expressed concern that the policies developed in headquarters were primarily devised to meet the needs of headquarters-based staff, but were inappropriate when applied to the field-based staff given the difference in contexts. The result was a lack of equity of service provision. A singular policy does not necessarily indicate an equal approach, he noted.

Becca shared her experience of being required to carry out policy decisions in challenging contexts, and the difficulty she experienced attempting to communicate this to her off-site manager. "I am not sure they were even aware of … what we were going through was really quite stressful. I think they underestimated what was really going on."

Management. All the participants shared their perceptions of the importance of the role of managers and management regarding the contribution to stress, in both positive and negative terms. Rachel explained how working in an environment with positive management style benefited her performance, in particular with regards to

managers to facilitate the work of team members by ensuring some level of predictable work patterns.

> *Rachel.* I think that for a manager to make sure there is predictability in people's work is key. To have very clear plans how it is and … to protect staff quite a bit from too much ad hoc requests, so in that sense predictability in the deliverables. Still, you can remain flexible, but if you don't know what to do and where to go and you only get ad hoc requests, then I think that is very unhelpful for people.

Management was reported by all participants to play a key role in ensuring the team dynamic is positive, and that there are the right people in the right jobs. Nadia noted how in her experience, "Something is going wrong in recruitment." For teams to work in an optimal manner, they need management who will enable and facilitate their work and protect them where necessary, noted three participants. Nadia shared that her "organization [is] aware that 6 months is too long to stay in the location without a break." She noted that to support the team members not becoming too exhausted the managers in her team encouraged staff to use their annual leave days to take a break.

Management can set the standard of the work expectations and manage how this environment is maintained, according to Maria. Poor management resulted in a perception of being unsupported reported Maria.

> *Maria*. Every day the goal posts are being changed… my boss sort of went off the rails at a certain point and our program officer just like disappeared. I was alone in the office trying to manage all these things without any of

> the support that I needed … my boss would on one day say one thing, and then next day say the opposite… that's stressful.

"I think my management plays a role in some of the stress about the way the office is run," noted Chloe and shared "I couldn't be honest with my manager, she wasn't a person who could deal with honesty". As a result, Chloe stated that she did not share her experiences or challenges with her manager but instead waited for her exit interview with a human resource person whom she felt she could speak with in "relative honesty."

Five participants described how in their experience managers in aid organizations are overburdened with responsibility and the pressure this brings on the individual staff member. Sean noted the level of responsibility he shouldered as a senior manager in multiple crisis responses: "I am accountable for the entire response." Sean elaborated that "experience matters" when required to manage the organizations emergency response and the team of aid workers. At times, managers must make difficult decisions for the well-being of the team. "Your resilience is the responsibility of two people, one being is yourself, and to second is your manager", Sean shared.

Nadia shared her perception that few managers are trained for their management role, having been hired for their technical competence. This mismatch puts pressure on others to support and fill the gap these managers leave, according to Nadia.

Eleven participants experienced poor management styles and decisions. Maria explained that her previous organizations "do not do any training or induction. They just chuck you into the deep end," she noted. The impact of such decisions resulted in stress for Maria, who struggled to find her feet and her confidence in a new operational

environment. Rachel recommended that organizations must ensure they "always have experienced staff in the most difficult environments, and not the opposite." The perceived delink between senior management and the situation people experienced was repeated by 11 participants. Maria experienced an immediate emotional impact when she learned how a friend's compound had been attacked and her colleague was killed. Her manager's response was "Just get over it." Maria reported feeling disempowered by this response with heightened stress.

Perception of staff value. A sense of just decision making by management within the working environment was repeated by nine of the participants. Becca noted the level of stress she experienced when what she perceived as unjust decisions were made by her management, and how she spoke out when this took place. Nadia noted that within her current organization "difficult and problematic staff get pampered and seem to be rewarded."

> *Nadia.* While others…are just expected to give more and more of their time and their energy…be more tolerant…Right now I have weekly meetings with one expat staff. There are weekly meetings anyway, but these are weekly meetings where everything has to be kept documented and shared with HR, and it is like record keeping to try to get rid of the staff member, but not enough has been documented until now to justify termination of [*the*] contract.

David offered that staff in field locations and staff in headquarters should be provided appropriate support and care by the organization. David shared his frustrations

about how "when you work in the field, and you work in headquarters . . . you are all under the same rules and regulations." He explained the vast difference in the contexts did not allow for the same regulations to offer equal support to staff. In his opinion, "Organizations put their staff at a similar level of danger" with singular staff care policies that apply equal standards for staff care and well-being across headquarter and field-based staff. He noted that there was no adaptation of the policies to allow them to be flexible to specific needs in the operational environment, such as for a context where there is a conflict or where cultural differences impact on staff care.

> *David.* I think the system is broken and needs to be fixed … and there has to be a reform of … the HR systems. The current tools and policies are inappropriate for our staff to be supported in emergency contexts.

Five participants shared concerns about how their organizations appeared to deprioritize their staff. Sarah shared how one of the biggest stressors on arrival to a new location were what appeared to be organizational policies that put her safety at risk. She noted the frustrations of working in an unsecured environment where no support was offered to staff to get to work.

> *Sarah.* How do you get to the office? They are telling you there [are] no . . . vehicles, but then you need to get to the office, and you can't take a taxi, you can't buy a car to bring it in the country, I mean, it is a contradiction!

Workload. By virtue of the work aid workers do, there is a pressure to perform. Eight participants reported there was never enough time to mitigate the suffering.

> *Chloe.* I sense that the work is … it is really important, so if you don't do it well, or if you don't do it effectively or efficiently enough, others are really going to suffer. So, there is a sense of responsibility attached to… to an overwhelming workload.

Each participant spoke to the impact they experienced working under such circumstances. This was not always a negative element, and Nadia stated, "If the workload is huge and if you are with the right team of people, you don't mind working the long hours." The sense of contribution and achievement was described as important, as was the contribution to alleviate suffering. Nevertheless, Becca noted the stress she experienced when there was work to undertake, but "typically there is very limited capacity within the office to deliver quality work." An imbalance of the perceived prioritization of tasks and assignment of tasks fed into the stressors the participants shared. Each participant shared his or her commitment to the work that is necessary for the context within which he or she worked but also the importance of the contribution they all perceived they made. Rachel shared her frustration when internal "politics" interfered with planned work schedules and eroded time allocated for what were priority activities in her estimation.

Modern technology reportedly played a role in workload, according to Amanda. Amanda shared her frustration around the constant expectation by management that staff were expected to be contactable via mobile phone and email all the time, and for the staff to respond to communications during their free time. Amanda shared her experience of her management's expectation that she be "on" all the time and expressed "not even the doctors in . . . are switched on permanently." When the work had value and contributed to

alleviating suffering, the participants expressed their willingness to invest the time and effort to contribute, but expressed frustrations when it was perceived as time-wasting. "We spend about 90% of our time, we spend it firefighting emails, and responding to emails rather than actually being creative and actually solving problems," noted Amanda.

Social support. Each participant noted the role that colleagues, peers, loved ones, and friends play both contributing to the stress they experienced in the workplace and as a critical support resource to help them cope with negative stress. Becca noted, "They help to distract me, they help . . . we can talk about some of the frustrations . . . and, we can talk about it." Amanda shared how the space to share with friends who know her helped her achieve perspective, which she appreciated. "You have some friends present, you simply go for coffee, and you know, normally you have a talk and after a while if they think you are saying bullshit, they will say – 'You are talking shit!'"

Commitments to loved ones. Each participant reported having a family, loved ones, and friends. The capacity to have regular, effective communication with family and loved ones was a primary requirement for 10 of the participants. Harry noted how daily contact with his wife was important to his well-being, and Becca shared the important role her family played in helping her deal with difficulties, "That's where family comes in, that is where they are important."

Indeed, for the majority of the participants, their primary commitment was described as to their family. The weight of disappointing these important people lay heavily on 11 of the participants. "Trauma is not only when you enter [*location]*. Trauma is because you have to cancel your family holiday." Sean shared, "My suffering is with

the family." The needs of loved ones "trumps" work commitment, and both Chloe and Sean shared the impact on their work life as the result of family commitments, such as the internal conflict they suffered when their child was ill. Amanda noted the pressure her family placed on her to come home and get a "normal" job. These pressures were unhelpful for her, and her viewpoint was "You can leave a job . . . you can't really leave your family!"

Sean admitted that stress related to family, and disappointing them, impacted him differently "If an emergency doesn't happen at the weekend, it is on a holiday." All participants noted that international aid workers make personal sacrifices to work in the aid sector. This implies absence from key family occasions, last-minute changes in plans, and personal loss which Sean and Chloe stressed as stressful. Sarah shared how "I had a relationship which fell apart . . . because of my job."

Like-minded peers. Seven participants shared how they spent time with carefully chosen individuals or groups. Half of the participants noted the importance they ascribed to socializing with like-minded peers with whom they were safe to interact to help mitigate and prevent against the buildup of stress. Four participants noted how part of the criteria to choose these peers was based on the ability to separate work and personal life—that is, to associate with non-work colleagues outside of work hours. David expressed concern about the ability to have a defined personal life, and wondered if part of the sacrifice that aid workers face is to relinquish a personal life, much like "religious" communities. Nadia noted how regardless of how one socialized, a stark reality is that the organizational policies govern one's movement and freedom.

Becca, Tom, and Harry noted how they carefully chose their peer group when on assignment. “All those people around become part of the problem.” Amanda noted the importance she ascribed to ensuring those with whom she socialized were people she trusted. Tom shared his realization that people he worked with and socialized with contributed to his stress. He described how part of his coping mechanism was to have selected people, specifically those not from the organization with whom he worked, but like-minded people with whom he could relax, cook, and “talk about normal life, music, whatever.” Tom used this reflection to change his social group, which he reported benefited his well-being.

Operational environment. The participants explained the significance of the role the operational environment played in contributing to their stress in the workplace. The stressors that originated from the operational environment tended to be outside of the control of the aid worker and the organization, such as the human suffering resulting from an emergency, insecurity and threat to personal safety, the environment within which they lived and worked, and the cultural elements within that environment. Each participant shared their impressions of the impact these conditions had upon them as individuals.

Human suffering. Aid workers are exposed to extreme human suffering. Jack noted, “It was the first time in my life . . . basically, I saw a dying child.” A lack of security event was reported by Maria as impacting her: “The attack happened. They attacked his office and killed one of his colleagues.” Chloe cited the impact of working in unsafe environments: “There was stress and at times fear, just genuine fear, I mean –

fear!" Ten of the participants expressed a sense of powerlessness to help when there were extreme conditions. They described pressure in these extreme conditions to give everything of themselves to those who suffered, yet they described feeling powerless to make a substantial difference for those in need. Chloe shared how "It seems . . . you could work 24 hours a day for 7 days a week, and you would still only scratch the surface of what actually needs to be done." Eight participants noted a mismatch between the pressures they perceived from their organization to work, and the reality of the situation within which they found themselves. Amanda noted how where she works "has been an emergency for the last 30 years."

Insecurity and threat to personal safety. Living in areas where their personal security is at risk contributed to the stressors that aid workers faced. Maria explained that "it's not normal life to have . . . bombs, to hear gun shots," but for many aid workers this is the environment within which they work. Sarah explained the stress she experienced working in a country where she perceived personal threat because of an ethnic conflict in the area. She expressed how she was "uncomfortable, and sometimes I was abused on the streets . . . I was physically not welcome."

The participants worked in operational environments where they had little control. Eleven of the participants noted how overwhelming their role was and the contribution this perception has on their stress levels. One person expressed a feeling of powerlessness. "If you have people coming to you saying, 'Look, I have my two daughters who have just been raped,' and you can't even go and get them because of security issues. . . ." This inability to control their environment results in stress that

impacts on their ability to perform. Chloe said, “Sometimes it’s hard to stay motivated, sometimes it’s hard to … to stay focused.”

Living and working environment. Stressors from the operational environment were not limited to insecurity but included basic living arrangements. Harry shared that during one assignment “there was no place to sleep, no food.” Such experiences were shared by Chloe, who noted the frustrations when “guest houses weren’t equipped with water and . . . there weren’t massive supplies so if . . . an angry mob comes again, we have to hunker down . . . for our safety.”

Culture. As international aid workers, staff moved to different contexts to work. Only Sean shared how for him a stressor he experienced was working in locations where it was difficult to publicly practice his faith. His response was to propose to his organization a mechanism that allowed faith-based support for staff, regardless of what religion the staff practiced. Sean shared that his faith-based organization had embraced his recommendation and that plans were underway to provide spiritual support for staff, regardless of the emergency culture.

The aid worker. The data analysis revealed the dedication and loyalty each of the participants had to their role in alleviating the suffering of others. Their work-related stressors were described as multifaceted and often were influenced by stress from their personal lives. Every participant displayed humor and openly laughed during their interview. Each admitted the impact stress had on him or her, and some expressed regret about their actions during previous stressful episodes. During one particular episode, Harry shared, “I should have left,” and how he learned from this experience to inform

future actions. Building on experiences and learning from their past experiences, and from the experiences of others was a critical tool for all the participants and contributed to their current state of resilience, as noted by Chloe: “I have learned that I am stronger than I thought.” Two participants shared their experience in terms of their identity as aid workers, and the impact the loss of this identity had on their self-perception. Amanda shared that her “family is often thinking of me as Lara Croft.” Conversely, Chloe left aid work for a time to become a stay at home spouse and mother and struggled with the impact. “Suddenly, I lost my identity, and it was a very, very hard time for me.”

Using experience to cope. Some participants noted how their perceptions of stressors had developed over time. Sean admitted, “There are some things that affect me less now than they did at the beginning.” Three participants shared how they had developed strategies that allowed them to exert control over the things that were within their grasp. Sean noted how “stress related to work has a context,” and therefore, for him, was easier to rationalize.

The findings indicated that all the participants considered their capacity to cope with their stress levels when deciding to engage with formal stress management services. All the participants shared how they review the options available to them, in terms of strategies, skills, and copying capacity, when in the past they considered accessing services. Tom noted during one period of extreme stress how he weighed up his options, including accessing the on-site stress management counsellor, before he decided to leave the job and return home to seek care there.

Sometimes, the role aid workers are sent to perform is "mission impossible," Jack noted, and the aid worker has little control over the context. In the absence of supportive and realistic organizational care, the participants perceived themselves to be alone in their responsibility of self-care. Maria shared that she now realized, "You have to be prepared. You have to arm yourself—sort of equip yourself with the tool that you need, that you can't expect anybody to look after you." This sentiment was echoed by David, who said, "In this sector, you have to rely on yourself." Both Rachel and Jack shared how they developed their self-awareness and their stress management resources internally, which allowed them to exert control over what stress they experience. Jack noted that "the opportunities for stress are diminishing" when he made decisions about how he chose to engage or not in challenges. "You also have to say, 'I don't need to deal with this' and let it go."

Gender. There were few gender differences noted by the participants about their personal experiences, but some noted concerns about how the other sex experienced stress. Maria share that "in this compound full of dudes . . . they were so happy to just drink away their stress, smoke away their stress . . . and just be like . . . dudes!" She postulated what the reaction might have been had she challenged her males colleagues by suggesting "Guys, six o'clock on the roof – Yoga!" Both David and Jack noted how as males, they had access to stress management strategies that given the operational environment were not afforded to their female colleagues, "It was easy for me. I had female colleagues who could not do this." For example, Jack shared that he could go jogging in public, while his female colleagues were unable to jog in public in some

cultures. There was a strong indication from the participants' feedback that the machismo attitude among aid workers continues. Harry shared that in his perception the attitude he experienced when he faced challenges was "You are a man—you can do it."

Adapting and strategizing. To survive in the operational context, each participant shared how they adapted to their environment. Self-awareness was described as key for the participants to understand what they were going through, the effects stress had on them, and to inform how they adapted to the environment. Each participant explained the strategies they employed to help them manage stress. Tom described a period of reflection and realization where he realized his behavior indicated he was stressed. He used a simple checklist tool that allowed him to tick off the behaviors he was employing at that time. Based on this list, he proactively addressed his stress. Each participant identified strategies they defined as part of the coping. The adaptations and strategies defined provided the participants with some control over their well-being, and therefore, over the issues that resulted in stress: "I am able more and more to control those stressors."

The behavior of other aid workers was reported to be a stress for most of the participants. Working, living, and socializing with the same people were reported as a burden for 11 of the participants. Self-awareness was a key tool for all the participants to build their understanding to help them avoid and overcome stress. "It is very important to understand yourself and to understand how you can contribute," noted Chloe.

Aid workers learn from each other. David noted, "I definitely have had some excellent role models in terms of how you deal with professional stresses." For Chloe,

she reflected how, “When I am stressed, I don’t always handle the situation in a way that I wish I would. I don’t model the values that I want to.” Chloe aspired to improve how she deals with stress, and acknowledged some of the efforts she made to achieve this, such as with the use of yoga.

Self-care and self-awareness. Adaptation began with recognition. Self-care and self-awareness were elements that each participant emphasized as important. Maria noted how she thought “for regular, everyday stress, it is more about taking care of yourself.” The participants shared a range of coping strategies, such as physical exercise, protected personal space, and, as Harry pointed out, “careful selection of people to hang around.” The participants shared the signs that they display when they are stressed, from overeating, disturbed sleeping, to becoming irritated and short with others. Chloe explained that when she noticed this in her behavior, she dealt with it by putting herself in “timeout.”

Despite the negative experiences described by the participants, each shared a reflection of their personal growth as a result of their learning. Maria described her learning as a result of some of her experiences that taught her a “great lesson.” David pointed out how in one prolonged period of acute stress, “I did not save myself first. I allowed myself to be extended because those around me . . . collapsed.” Despite the trauma he experienced, he stated that is he “better equipped now because of the experience.”

Protected rest. Each participant has over time developed coping mechanisms that they reported bringing with them location to location. To the greater extent, these

mechanisms are those that might be used in any operational context, such as for Amanda, who shared: "I tend to spend Saturdays and Sundays on my own . . . just peace and quiet . . . You have to hit the 'off button.'" Nine of the participants spoke of the importance of protected rest, either in terms of time off, or the importance of sleep. Eight participants spoke of the efforts they made to ensure they were able to rest, such as Harry, who shared, "I am much more cautious. I make sure I have a place to sleep, and there are supplies and other things." Both Amanda and Nadia shared their strategies for protecting their personal space during out of work hours, and the importance that this protected time allowed them in their rest. Nadia shared how "at least one weekend day . . . I try not to open work emails."

Physical exercise. Common to seven of the participants were practices of yoga and meditation as strategies to mitigate and prevent stress. Rachel said, "Yoga and meditation . . . are tools to help me focus this stress . . . support tools for everyday life." Stress management tools of this nature do not require any particular resources and can be carried out in the confines of small spaces. Jack shared how, for him, his "beloved jogging" was key to his well-being, while Rachel shared that the ability to be able to exercise would influence her decision to accept deployments to some locations.

Motivating solutions. Four of the participants shared how they had offered some mechanism to their peers or organization to help support the well-being of the team. Jack reflected on the confinements of the context where they lived, then offered to the stress management teams some proposals to have arranged social gatherings to help staff deal with boredom. Nadia shared her misgivings around mandatory efforts labeled as stress

management services. Instead she offered to her organization to introduce to the regular staff induction package "sessions on stress management", in a bid to both normalize stress as a common experience and provide staff with tools to support their efforts to deal with the impact. Her recommendation was reportedly accepted. Based on the challenges he experienced when trying to practice his faith on deployment, Sean developed a proposal to have within their teams staff with a chaplaincy type role. These staff could offer "spiritual support" to a variety of colleagues in real time, and in particular, when staff experienced stress.

Each participant shared his or her perception of how stress management might be enabled. "It could be quite simple. It is not that complex and sophisticated to do something basic about it." There was a relationship between access to formal stress management services and the perception of risk that engagement might bring. Informal stress management plays a significant role in helping the participants to cope. Sean shared that the most effective tools he experienced were not "super sophisticated" but allowed him to understand the strategies that worked for him and provided positive reinforcement for him to devise his strategies. He explained that he had learned "techniques in managing stress" during dedicated stress management sessions that allowed him to understand how he could proactively manage his stress. This knowledge reportedly empowered him and provided him with confidence in how he approached his stress, "The way you manage your stress is by telling stories."

Finally, Chloe explained her commitment to take what she learned from her experience and ensured that the team she managed benefits from this. She reported

drafting a policy to develop a "system" to support staff to manage stress. In her draft, she proposed that to ensure that staff feel comfortable to share their experiences and feelings, the managers must lead by example, and talk openly in a protected environment about the impact the work has on them, and encourage others to do the same.

Research Question 2: The aid workers interviewed described their experiences when accessing in-house stress management services as variable. Seven participants described finding the services accessible, positive, and uplifting. Six participants described being met by unprofessional, inexperienced counselors, and two participants reported facing retribution by their organization for accessing the services. Fear of stigma around accessing stress management services was described by some participants who shared their concerns about how they would be treated if their organizations were aware they accessed stress management services.

Stress management services. All the participants shared how perception of stress management services is manifold. For all of the participants, stress management was more about the normal, everyday element to help them cope rather than the formal stress management services that counselors provide during specific times when they sought help. This point was made by Maria, who expressed that "you can go to a counselor for an hour, but on a day-to-day basis if there isn't a culture of taking care of yourself" then you are alone.

Formal services. Accessibility to formal in-house stress management services was critical for timely proactive engagement, according to the participants. Eight of the participants shared their varied experiences accessing services through their

organizations. When professional, these services were reported as useful, empowering, and reinforcing. The predominance of the credible, professional services experienced by half of the participants were those external to their organization, where there was a formal relationship between the organization and the counselling service. When compromised, five of the participants expressed anger and frustrations about the absence of professionalism, and the impact this would have on future decisions to engage or not with in-house stress management services. Sarah, Jack, Nadia, and Amanda had positive experiences when accessing services, where the counselors were described as professional and provided structured support and guidance, "because you should develop a relationship of trust with the counselor." Amanda explained the impact she experienced when accessing a professional service and how "It was useful to explain how you felt . . . put the thing into perspective."

Accessing formal stress management services should be straightforward and predictable noted nine of the participants. For some organizations, such as that for which Sean works, "We go to the debriefing, and there will be a slot, you just need to . . . fill the slot." In David's experience, "I asked for help and those requests were not responded to." Approaches such as inductions and debriefing, when done well, were described as being appreciated and viewed positively. David noted, "The predeployment training . . . was particularly good." These approaches helped to provide the participants with the knowledge, and, for some, with tools that enabled them to cope with the operational environment and the workload they faced. Chloe and Maria noted the value of inductions

and debriefings but how in their experiences such approaches were not standard, and they had experienced the absence of each on different deployments.

On another occasion, Nadia met with a counselor who she reported appeared inexperienced and used the session to talk about herself and pursued what Nadia referred to as an inappropriate line of questioning. Maria experienced a counselor who "related what I was telling her to own personal life and told me . . . about her faith-based practices." Rachel described how in one natural disaster response context, the organization deployed a staff counselor to the field to support the staff. "But I am not sure how helpful he was. He was more stressed himself than anything else."

The presence of a dedicated stress management staff member was perceived positively by 10 of the participants. Both Becca and Jack explained how the mere presence of a person of this nature supported the team and encouraged interaction. Jack explained how informal interactions with this person enabled him to gauge the level of accessibility "I talked to the person, socially, out of curiosity."

Helping to build resilience. Most participants shared how stress management in their experience was less about access to formal stress management services, and more related to a working environment that allowed them to thrive. Nine participants expressed how in their opinion their experiences have made them more robust to deal with their challenges. Nadia explained how over the years "we build on our resilience" to deal with the issues faced in the aid sector. Jack shared that he learned from a previous bad experience and that he has built confidence based on what he learned from his response to this experience. He explained how he is more resilient now by ensuring he understands

the working conditions. Prior to accepting future deployments he ensured he queried to "make sure I have a place to sleep, and that there were supplies… and make sure it is clear what the role [would be]."

Four participants shared how they learned techniques during engagement with in-house stress management and then used what they learned to inform their on-going stress management. Harry shared that he thought "he learned something" based on his initial engagement with in-house stress managers, and that "this was already helpful for the remaining time there." Nadia explained that she has learned overtime to use the techniques she learned to allow her deal with stress in a proactive manner.

> *Nadia.* It doesn't matter to me how harsh, how basic, or how advanced conditions are within the country. I guess nowadays organizations are much better with making sure everyone has a job description, there is some element of induction in the new job, the new role, and over the years you get familiar with what to do and how to do and the expectations.

Some participants noted the benefits they experienced when enabled to deal proactively with their experiences by appropriate stress management. Maria noted that she can "kind of … separate out what is actually stressful and what isn't," and how helpful and empowering such techniques are "I definitely feel stronger for having been through it." Tom shared that in his experience when "we put services in place… we no longer have to worry about people's capacity to cope."

Invisible services. All participants noted how their current or previous organizations had stress management services; however, during some of the participants'

deployments, the services appeared to be invisible. The participants knew of their existence because of other experiences, but during some deployments had not received any information on how to access them. David said, “I don’t know where to begin seeking qualified, competent formal stress management.” Rachel had recently joined a new organization and reported she had not received any orientation on the stress management support provided by the organization. She noted she had access to an on-line training center and, “if I am digging into it,” she thought she might find some information related to stress management.

Research Question 3: All participants noted the importance of trust in the system and that assurances of confidentiality underpinned their decisions to access stress management services. Each aid worker shared the strategies he or she used for coping, and four participants shared initiatives they had introduced to help other colleagues cope. There was a relationship between the previous experience the participants had with accessing stress management services and their decision to engage in future.

Services. Seven participants stated that their perception of how their organization would view or use staff accessing stress management services influenced their decision to access in-house stress management services or not. Chloe noted her fear that she risked being thrown on the “scrapheap” by her organization if she accessed stress management services. Harry and Amanda noted that there appears to be no organizational retribution for displaying negative behavior, and each gave examples of witnessing colleagues’ abuse of alcohol.

Accessible, available services. The defining features that would influence 11 of the participants' decision to engage in the future with in-house stress management services were their accessibility and availability, the professionalism of the services, and an assurance of confidentiality. A key finding was that all the participants were less focused on the formal in-houses stress management service provision that they associated with counselors, and more weighted on the "normal" things organizations could and should provide to reduce the work-related stressors they experienced. Five participants stated their preference for future engagement with any formal services were to access those external to their aid organization to ensure confidentiality.

The decision-making pathway that the participants explained when they were deciding to engage or not with formal in-house stress management services were complex. Becca noted, "Admitting that there is a problem that you would rather not deal with . . . it's a little bit . . . confrontational that you have to admit to yourself in the first place." That initial first step was difficult, and five of the participants expressed suspicions about the how confidential was their engagement, based on their previous experiences and the experiences and feedback of others. Once they decided they would engage, the participants noted they had expectations with relation to the services. For example, David noted, "Stress management for me is not one meeting . . . Stress management for me is facilitating the things I need to do to get through a period." Meeting the array of expectations informed the perception of each of the participants of the value of engagement that they experienced and their likelihood to engage again in the future.

Stigma and Taboo. Ten participants shared their concerns about accessing in-house stress management services as they feared some negative repercussions. Four participants spoke of the continued stigma and taboo around seeking help, and the risk they faced of being "branded" by colleagues and their organizations if they were seen not to cope. Jack expressed how there "is still taboo and stigma . . . around" engaging with formal in-house stress management services. Amanda shared how she "sought assistance thinking that this was the logical and right thing to do and then really found that it backfired" when, in her opinion, her managers attempted to use her accessing support to prevent her from returning to her job. This experience for Amanda influenced her future decisions for engagement of stress management services, she stated that if in future she required support she "might not do it through the organization anymore." Sarah shared how when she was referred to staff welfare support during one difficult episode. Rumors of the lack of confidentially related to any interaction with the staff welfare team influenced her decision about what to share with them "I was reluctant".

> *Sarah.* I was talking to them, but obviously, I didn't share anything that I wanted to share, even though … they shared went through the list of "Oh yes, this is confidential," but I knew, I mean, I knew I had hear horrible stories.

Chloe expressed her concerns based on her experience of in-house stress management. Despite a previous bad experience with in-house stress management, she remained willing to engage in the future. She expressed the conditions she would look from prior to any engagement, including assurances of anonymity.

> *Chloe.* [If] I had the confidence that this was going to … wasn't going to impact on the performance appraisal, or advancement within the organization, then I would be happy to use organizational services. But if I don't have confidence in those things, then I would go to other services.

Discrepant findings. A significant part of the learning and adapting was the realization for some that not all stress had a negative effect. Rachel and Chloe noted how they responded to working under pressure with tight deadlines. Rachel shared, "I like kind of having tight schedules and deadlines, and I am enjoying when it is positive stress."

Not all participants reported being comfortable with some coping mechanisms as suggested by stress managers, such as physical exercise. Tom shared how for him and his friends, social gathering where they smoked cigars and drank alcohol helped them to relax "because you come up with some techniques, and you ignore certain things, and you don't let them stress you." Jack found an absence of things to fill his off-time and noted that this was an issue that his colleagues shared. He was proactive in approaching the stress counselors to make suggestions about what he thought would help him and his colleagues to cope, "My issue was boredom, and there was not much going on." He recommended that the stress counselors organize "parties, watching sports events together, or movies."

Summary

International aid workers reported their beliefs that their jobs were more than jobs; it was reported as a commitment. All participants reportedly accepted stress as part of the aid work package. The participants described their experience with in-house stress

management services as both positive and negative. This experience was based on the level of accessibility to the services and the professionalism displayed by the counselor. The participants described perceiving their work-related stressors as an expected part of any deployment, and 10 participants expressed their concern around the perceived stigma of accessing stress management services by their management and organizations. Each participant described the adaptation he or she underwent and the strategies he or she devised to deal with these stressors. Two participants noted how he and she experienced some stress as positive and motivating. Each participant described his or her decision-making process about whether to engage or not with in-house stress management based on their perception of trust in the system, the level of professionalism they could expect, and, most critically, trust in the confidentiality they required.

Chapter 5 will provide a discussion of the findings, with the implications for contribution to social change, recommendations based on the findings, and the conclusions drawn.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to understand the issues and challenges that international aid workers encounter that lead to stress, their relationship with stress management services as provided by their organizations, and the choices they make whether to access these stress management services. A qualitative approach using semistructured interviews provided the perspectives of 12 international aid workers about their experiences.

The key finding was the importance of relief organizations providing a safe and predictable working environment to benefit the international aid workers' mental health. The participants shared the stress that they suffered when dealing with poor management decisions, the lack of basic logistical support to allow them to work in a predictable manner, and the sense that their organizations deprioritized their well-being. Although international aid workers accessed in-house stress management services when dealing with both work-related and personal stress, their experiences with this form of mental health assistance varied. Some experienced professional, helpful services; others encountered unprofessional, inappropriate services and faced a real or perceived risk of disclosure. Trust in the professional level of services, including assurances of confidentiality, the level of accessibility, and appropriateness of services influenced aid workers' decisions to engage with formal stress management services.

Interpretation of the Findings

The findings were used to confirm and extend knowledge of the issues that aid workers encounter that lead to stress and the elements that aid workers consider when deciding whether to access in-house stress management services. The key themes identified in this study of the operational environment, organizational environment, coping and adapting, formal stress management services, social support, and the aid worker are intertwined. The participants offered possible areas where aid organizations might do more to improve basic working conditions. The following analysis is structured under each of the research questions.

Research Questions

Research Question 1. The participants described their experience of in-house stress management services as inconsistent. They described how some professional services were supportive and helpful and contributed to their recovery from the distress they were experiencing. Other services were perceived as unprofessional, with counselors who appeared unable to deal with the circumstances facing international aid workers, and therefore, resorted to talking about themselves. Other aid workers encountered professional and helpful services. Of those who had a positive experience accessing the services, two participants reported that their managers or organizations attempted to exploit the staff's engagement for other purposes. Through different job experiences, the participants noted that they were aware of some stress management services within their organization; however, they had not received an orientation about what these services were nor how to access them.

The inconsistent standard and experience with in-house stress management services informed how the international aid workers perceived these services, and thus, their willingness to engage. The formal services that were professional, accessible, and appropriate were reported to be helpful, motivating, and healing. The participants who encountered these services reported being more likely to reengage in these services. From the perspective of the participants, the services that they experienced as unprofessional or incompetent were perceived to do more harm than good. Despite the recognition of aid organizations that aid workers require stress management support (Curling & Simmons, 2010), their efforts to support workers were reported to be inadequate. The systems in place appeared inconsistent and insufficient to meet the needs of the international aid workers, thus supported previous studies' findings (Curling & Simmons, 2013; O'Donovan et al., 2013). Existing in-house services are insufficient to support aid workers to deal adequately with their stress management needs (Connerton et al., 2012; Ehrenreich & Elliot, 2004; Eriksson et al., 2012, McCormack & Joseph, 2012).

The most effective in-house stress management services are accessible, predictable, and normalized. Aid workers feel isolated when attempting to deal with stress, and the fear of stigma about suffering from stress is real and continues. The participant aid workers reported how they continue to fight to have time for and protect their rest periods. Many described their managers' expectation for them to remain available during out-of-office hours. Some participants described the pressures of working in an emergency, which led to in an internal conflict for the aid worker when they know they need to rest and sleep, yet remain available to deal with the workload.

Understanding the issues that contribute to their stress is important and may contribute to the mitigation of long-term effects of stress (O'Donovan et al., 2013). Organizations must develop systems that allow staff to rest, yet perform the organizational mandates.

Research Question 2. The majority of the work-related stressors that international aid workers perceived are preventable conditions within the working environment. Poor management, unrealistic workload expectations, and unrealistic organizational policies in comparison to the reality of the working environment led to the distress of aid workers, they reported. The shortcomings within the organizational culture caused the most significant level of stress for aid workers, and as a result, some aid workers left their jobs. The lack of control that aid workers had over their operational environment was reported to be stressful (Roth, 2014). The aid worker role is stressful, and organizations have responsibilities to their staff to help them cope (Cordozo et al., 2012). According to the findings, the informal stress management offered to international aid workers by organizations that provided appropriate working environments appears beneficial. According to the participants, the most significant contribution aid organizations can make to mitigate and prevent stress of aid workers is to provide a healthy, predictable working environment, where aid workers are encouraged to openly express anxiety and stress. Organizations in which managers model appropriate, supportive behavior and in which polices support aid workers will fare best according to the findings.

Organizational policies tend to be developed to serve the organization rather than the aid work staff. The one-size-fits all approach, where a singular policy for a whole

organizational structure that has operations in a variety of contexts including headquarters, regional offices, and field posting, was reported as inadequate. The variance of contexts affects the ability to provide equal levels of services and support to staff. Aid organizations must develop their understanding of aid workers' needs in the variety of contexts within which they work to ensure appropriate support and standards of care (Tol et al., 2012).

Living and working in difficult, and often unsafe, environments takes a toll and leads to distress (Connorton et al., 2012; Cordozo et al., 2012). Many of the issues that contributed to participating international aid workers' stress were related to the operational environment. To cope, the participants sought to adapt and exert whatever control they could over their well-being by employing strategies that they developed over time. In an environment where they have little control (Roth, 2014), participating aid workers developed strategies to allow them to deal with stress within their operational environment. For example, they modified the desire for physical exercise from jogging in public, which is taboo is some cultures, to adopting a yoga routine, which aid workers can undertake in private. Helping aid workers develop a proactive mechanism to deal with stress enables physical and mental health in difficult living and working environments (Nilsson et al., 2011).

When faced with human suffering and an overwhelming workload, aid workers perceived a scene of inadequacy, and despair in their inability to help more. McCormack and Joseph (2012) reported the shame that aid workers described when they witnessed war and genocide. This shame arose as the aid workers described their inability to protect

the affected populations from the impact of war and genocide. Roth (2014) noted the impact on aid workers when exposed to human suffering, and how it was a significant contributor to the stress experienced by participants in this study.

International aid workers reported that they learned from their traumatic experiences. The posttraumatic growth they experienced tended to be self-directed and the potential to adapt positive behavior may be limited unless appropriately guided by a mentor. Support to help grow after posttraumatic experiences is essential to help develop positive behaviors (Pooley et al., 2012). International aid workers acknowledged their aid organizations' responsibilities to provide them with appropriate, safe, and predictable working environments, but as this falls short, the aid workers attempted to take control of their safety and well-being. Supportive initiatives, such as inductions, orientation to the available stress management service, and debriefings were not consistently done for aid workers, they reported. As such, the training and facilitation of aid workers' training were insufficient to help them cope (Duffield, 2012). Aid organizations have a responsibility to ensure that support for their staff is central to their organizational policy (Willie & Fast, 2013).

A mitigating factor to the work-related stress international aid workers face was the support they receive from their social support group. For many aid workers, such groups comprised loved ones and like-minded peers who they proactively sought out. Many chose to distance themselves socially from the people with whom they work. The social support mechanism was dependent on the setting in which the aid worker lives (Pooley, et al., 2013). The ability to communicate in a predictable manner with loved

ones was critical for the well-being of aid workers the participants reported and helped to offset distress when there were limited like-minded peers available to support them.

Research Question 3. Aid workers reported basing their decisions to access in-house stress management services on a variety of factors. They reported accessing formal in-house stress management services only during infrequent periods of acute stress. Those who previously accessed services reported using past experience as a yardstick to gauge future engagement. Those new to the services based their decisions on the perception of the level of professionalism of the services available, the degree of trust they had in the process and engagement, and the level of confidentiality they expected, balanced against the rumors of others' experiences and the perceived or real stigma they might face by accessing services.

Many of the international aid workers described their experience accessing in-house stress management services as ad hoc. The aid workers reported that they considered the possibility of encountering unreliable or unprofessional formal services when making their decision to engage with in-house stress management services. The aid workers reported their individual experience and the known or rumored experience of others also played a direct role in how the aid workers engage. Aid workers reported perceiving that although their aid organizations acknowledge that their staff experience stress in the workplace, the services provided are insufficient to meet their needs (Cordozo et al., 2012). Reported concerns about accessing services and receiving appropriate professional care, in particular, related to confidentially pushed the participants to try to cope without formal support or care.

The culture of stigma and taboo reportedly continues in the perception of aid workers who reported accessing stress management services. Aid workers reported carefully weighing the options when deciding to access formal stress management services. For some, the risk was too high to engage, and they chose alternative options. In this study, eight participants shared that they had left a job as the result of being unhappy in a previous role. In other words, the risk perceived by these aid workers was such that leaving a job poses a lesser risk than seeking a formal mechanism to seek support. Addressing this stigma and lifting the taboo can be accomplished only through organizational engagement and a change in organizational culture to make engagement with stress management services acceptable (Cordozo et al., 2012). Organizations that promote initiatives such as appropriate managerial training for staff and peer support mechanisms contribute to the support that aid workers perceive (Francis et al., 2012). Initiatives such as these are cost effective when balanced with the impact of staff who are unproductive due to stress or due to the loss of staff (Francis et al., 2012).

Theoretical Framework

Hobfoll's (1989) conservation of resources theory proposes that people's perception of stress comes about when their resources are at risk. As described by the theory, resources may include physical items, such as a home, one's condition or social status, or personal characteristics, such as one's energy level or skill. When viewed through the lens of the conservation of resources theory, the current findings inform processes and mechanisms that can strengthen international aid workers' capacity to cope. International aid organizations should invest in ensuring that the working

environment must provide an optional and appropriate level of safety and security to allow aid workers to operate. Many of the elements of the operational environment are outside the control of the aid organizations. Physical elements however, such as a safe, functional working space within an organization for aid workers, contribute to aid worker teams' perception of safety and would help increase personal characteristics resources. In this way, physical resources help to support and build other resources, which in turn would allow aid workers to build their resilience to stress.

The resources that contribute to conditions or social elements are important for aid workers. A majority of the participants mentioned the ability to have predictable, frequent communication with loved ones as key to their ability to cope with their stress. Thus, organizations should provide technical support, such as phones and access to the Internet, to help aid workers to develop their communications with those with whom they choose to communicate. Interactions with like-minded peers, specifically, those sought out by the aid worker, appear to be another key way for aid workers to build and maintain resources. Stress management training that promotes these strategies help to build the aid workers' toolkit of strategies and may ameliorate stress and build resources. Strategies such as these are empowering and are within the capacity of the aid worker to explore as necessary to help control their resources.

Another area of support is to help aid workers develop their skills and competencies to cope with stress. Building aid workers' capacity to reflect on what stressors they experience and their impact, would help workers develop their self-awareness and the resultant adaptation that is necessary to survive. Under the

conservation of resources theory, developing personal characteristics increases the resources a person has, and thus, contributes to building resilience to stress (Hobfoll, 2007). Augmenting support for aid workers by providing healthy and safe working environments can help to limit the depletion of resources, and thus, help aid workers to maintain an equilibrium of resources to cope.

Limitations of the Study

Several limitations are associated with this study. Although the participants had experience across a variety of different organizations and contexts, the transferability of these findings to all aid workers is not appropriate. In addition, I gathered data using an online audio conferencing tool. Thus, I may have I missed nuances displayed through body language. Finally, several aid workers participated in the interviews from remote locations and used limited Internet connections. Given these conditions, these participants may have chosen to summarize the information they shared in an effort to expedite the interview.

Recommendations

Further research is necessary to continue to explore the optimal level of formal, stress management support for aid workers. Elements such as formal, structured inductions and debriefing for international aid workers could be explored to understand the benefits that international staff perceive. This may help aid workers mitigate and cope with stress. Other opportunities for research arise from this study. Aid workers noted the value of informal stress management, such as informal access to professional mental health staff. Future researchers might explore what informal services offer value for aid

workers for their stress management. Further research is needed on how discontent with the working environment leads aid workers' to decide to leave their jobs.

Implications

The potential for positive social change based on the findings of this study are manifold. The proposals outlined below are based on the recommendations from the participants of this study, and, thus the voices of international aid workers. Support for international workers to enable them to deal with stress in a positive, proactive manner through training, support, and appropriate organizational culture has positive implications. The potential impact of social change is possible at the organizational level, the individual aid worker level, and ultimately at the level of those in need of essential life-saving when they are at their most vulnerable.

Based on the findings, aid workers expect to encounter stress in their work. When aid workers are supported and trained to recognize the signs of stress, techniques to deal with stress, and are afforded the time and space to engage in positive techniques to deal with stress, their capacity to build resilience to stress improves. Some aid workers have the capacity to undergo posttraumatic growth and develop positive adaptive behaviors that can mitigate against stress. Posttraumatic growth allows aid workers to maintain physical and mental health, and thus, to support their capacity to work in an optimal manner. Changes are needed in aid organizations. They must address the shortcomings of their existing staff welfare policies to ensure parity of care for aid workers, appropriate to the context within which they work. Developing an organizational culture that destigmatizes those who seek stress management is critical to the timely support stress

aid workers receive. These combined efforts have the potential to enable an optimal working environment in which aid workers can be as productive as possible in their support of people who require humanitarian live-saving assistance.

Resilience to stress develops through reflection, self-awareness, and an attempt toward staff care. The findings indicated that international aid workers seek to adapt following stressful experiences, and they identify strategies that allow them to cope. The adaptation builds resilience to stress (Berger et al., 2015). The existing mechanisms that aid organizations employ to support aid workers to build resilience are inadequate. As a result, aid workers seek to identify strategies such as doing yoga and meditation and protecting their rest periods. Still, such strategies may not be appropriate for all aid workers. Other coping strategies such as substance abuse may, in fact, have negative consequences.

Recommendations for Practice

From these results several recommendations for practice arise for improving aid workers' capacity to deal with stress.

Organizations. Organizational policies for staff care must be appropriate to the context within which aid workers operate, and allow for dynamic usage depending on the individual aid worker and his or her needs. Aid organizations should consider flexible policies that encourage equal standards of care and support, regardless of the operational environment. Staff must be urged to engage in stress management and never be penalized for engagement with stress management services.

Organizations have a responsibility to educate their staff about the available services and the mechanisms to access them. Organizations should ideally foster a culture that normalizes access to such services. Formal and structured inductions and debriefings with stress management mainstreamed into the process per assignment should be standard.

Organizations must also ensure that the working environment for aid workers is healthy and safe. Aid workers access formal stress management services only on an irregular basis during periods of acute stress. Other informal mechanisms can aid stress management, such as team activities, peer support, and organizations and managers helping staff to partake of protected rest periods. Furthermore, aid workers must receive training on how to identify and understand their experiences with stress and deal with it in a positive manner. They must also be trained on how to build resilience to stress.

Aid workers. Individuals can do a variety of things to help themselves. Although organizations have a responsibility to train staff in appropriate techniques for the context within which aid workers operate, aid workers must engage actively in the training opportunities and use the tools developed to address the stress they encounter. Furthermore, workers must develop the skills and competencies to reflect, adapt, and build coping strategies and control their experiences. Some practices require skill, but all require the confidence to make the changes needed to help aid workers cope. For example, bringing a yoga mat on deployments could be a useful way to encourage a self-care practice. Aid workers could be supported to learn and develop skills which allow them to mitigate and prevent the negative impact of stress. For such techniques to work,

aid workers must be allowed predictable, protected rest periods, both during deployment and when on a leave break, to allow them to engage in such practices.

Stress Management Framework

Stress management framework. In an ideal world, holistic support for aid workers to allow them to deal with stress need not be costly or sophisticated, as indicated by the participants in this study. Many organizations currently provide stress management support of various degrees, but there is limited standardization between organizational approaches (Cordozo, et al., 2012). BI propose a potential stress management framework with broad categories recommended based on the combined experience of aid workers, and that complies with previous studies' findings around the benefits of staff support to counteract the negative impact of stress (Cordozo et al., 2012; Ehrenreich & Elliot, 2004; Vergara & Gardner, 2011). I acknowledge that many organizations provide a package of support to aid workers; however, the systematic provision of support to all aid workers remains a gap.

The support should be considered in three phases: predeployment, deployment, and post-deployment. The support across these phases should be harmonized, standardized, and complementary. Table 2 provides an outline of a stress management framework of support based on the combined experiences of the participants of this study, with details of each phase provided in the narrative below.

Table 4

Stress Management Framework

Deployment Phase	Support	Purpose
Predeployment	Induction Mainstream stress management training Predeployment training Training managers	Prepare aid workers for the working and living environment during upcoming assignment. Aid workers should be facilitated to undergo these services with each deployment.
During deployment	Orientation Event management Extreme cases	Ongoing support to aid workers to allow them to work to their full potential, while dealing in real time with issues as they arise.
Postdeployment	Exit debriefing Follow-up with stress management services	Facilitating a smooth exit for each aid worker as they leave each deployment. This service should be offered for staff who leave the organization and for those moving to other locations of deployments with the same organization.

Phase 1: Predeployment. Before staff deploy on any assignment there should be some process where they receive foundational information to enable them to prepare for the mission ahead.

***Induction*.** All aid workers should receive an induction before their deployment. An induction that helps aid workers understand the context where they were going and the organizational expectations of the staff member's role is key to help the aid worker prepare. The induction could include information that orients the staff member to the standards of living, the items available to buy for basic resupply, and the absence of any critical supplies for personal or professional use. Aid workers require preparation to

enable them to be ready to undertake their assignment. David spoke of the value of an induction package that allowed him to be prepared for his deployment.

Mainstream stress management training. During the induction period, all aid workers should undergo stress management training that is mainstreamed into the induction process. Aid organizations could help staff to improve their preparations and manage expectations through the provision of standardized inductions. Nadia shared her recommendation to streamline stress management training into the standard induction that aid workers receive. Normalizing stress management through mainstreaming initiatives helps to break down stigmatization and the potential of taboo around stress management.

Predeployment training. Training international aid workers during the predeployment period helps them develop skills to use during their deployments. David and Tom reported the benefits they experienced from predeployment training that included situational awareness, recognizing their symptoms of stress, and security management techniques. Training should take place throughout any career, but this foundational level training that allows aid workers to build a skill base increases resilience to stress.

Predeployment training for managers. All managers should receive training appropriate to the required role, that includes elements of how managers should deal with stress. Maria shared the distress she experienced when her manager was unsupportive during a stressful experience. Amanda, Rachel, and Becca reported their frustrations what they considered poor management decisions. Nadia recommended that all managers

receive dedicated training to allow them to manage staff in a manner that enabled productivity.

Phase 2: Deployment. Support to aid workers throughout their deployment enables them to manage their workload, productivity levels, and mitigate against the impact of long term unresolved stress.

Orientation. All aid workers should receive an orientation to a new role and location on arrival at a new location, regardless of the number of deployments the aid worker had to date. The orientation could include an overview of the decision-making pathway within the context, basic information to allow the aid worker to become established in the location to live, work, and commute, and information pertinent to the context that has the potential to impact the aid workers' stress levels. Nadia and Chloe recommended that all aid workers receive an orientation on arrival to new job placement locations.

Proactive management. Organizations are comprised of people, and the people involved in decision making for the organization are responsible for ensuring there is consistent and proactive management of all elements of the environment within which staff works to mitigate and prevent stress. The proactive management should include support that enables aid workers set up their living and transport arrangements, support and training to managers to facilitate good decision-making mechanisms, and agreed upon arrangements that respect staff off time. All the participants reported the real or potential benefits such interventions would have to mitigate and prevent their stress as aid workers.

Event management during deployment. Aid organizations should have a predictable mechanism that managers trigger when an event that has the potential to cause negative impacts on aid workers' stress levels. Staff should be made aware of the mechanism and when they are involved in an event of this nature that they will be expected to comply with the requirements of the mechanism. This mechanism may vary by location, context, and resources available, but could include direct or virtual access to formal stress management services, such as a counselor who is pre-identified. As part of this approach, it is important that the counseling service has a briefing by the organization in advance to ensure the counselor has the relevant background to support those involved. Amanda reported the benefits she and her colleagues experienced when this approach was used, especially regarding normalizing the potential for stress and the proactive nature to ensure that staff was supported in accessing support promptly.

Extreme cases during deployment. Organizations should have a predictable mechanism to deal with any extreme cases that result in significant distress for aid workers. This approach might include stress management provisions, including time off in-country, and in some cases, time off outside of the country. Harry and David shared their experiences dealing with extreme cases of stress, which prompted Harry to leave his job. Policy arrangements to allow managers to deal with aid workers who experience extreme stress ensures a consistent, predictable approach when dealing with each case.

Phase 3: Postdeployment. After each deployment, every international aid worker should undergo a structured debriefing process with an organizational representative.

Exit debriefing. A debriefing should take place after each deployment and before any transfer to another duty station, with the potential to include stress management as part of the debriefing. The debriefing process should include components related to the aid worker's experiences during deployment and recommendations for improvements related to the experience. Maria, Chloe, and Sarah each reported the benefits of a predictable debriefing process, where there was an expectation that organizations would follow up on shared issues and act on identified trends.

Follow-up with stress management services. For those aid workers who require additional support, organizations should have additional support for aid works to access formal stress management services following a deployment. Nadia, Chloe, and Sean reported their perceptions of the benefits of such services. Follow up with stress management services would allow aid workers to address and potentially resolve any issues that arose during their deployment.

Conclusion

Humanitarian aid work is a difficult yet crucial job. Supporting aid workers to cope with stress and develop appropriate mechanisms and strategies, enables them to develop strategies to cope with and mitigate the negative impact of stress. This support must include an organization's commitment to providing a working environment that ensures appropriate recruitment of aid workers for the right job and location, training for relevant roles—in particular, managers. Organizations must also provide a working environment that encourages aid workers to express their thoughts and emotions about their experiences, and then seek the relevant stress management support without

recrimination. Formal stress management services must be professional and accessible, and they can be used only if the staff worker is made aware of their existence and access is normalized.

The global context is such that the need for effective aid responses for people who suffer the impact of war, natural disaster, and protracted crisis will continue for some time. The aid workers who carry out the critical role to serve those people with life-saving needs will continue to deal with the challenges this role entails. Every effort must be undertaken to ensure that these aid workers have the skills and resources they need to ensure they can deal with the impact of stress, and thus, maintain their well-being to serve people during this critical period in their life.

References

Abramo, G., & D'Angelo, C. A. (2014). How do you define and measure research productivity? *Scientometrics*, *101*(2), 1129-1144. doi:10.1007/s11192-014-1269-8

Abawi, L. A. (2012). Introducing refractive phenomenology. *International Journal of Multiple Research Approaches*, *6*(2), 141-149. doi:10.5172/mra.2012.6.2.141

Allen, B., Brymer, M. J., Steinberg, A. M., Vernberg, E. M., Jacobs, A., Speier, A. H., & Pynoos, R. S. (2010). Perceptions of psychological first aid among providers responding to Hurricanes Gustave and Ike. *Journal or Traumatic Stress, 23*(4), 509-513. doi:10.1002/jts.20539

Alvaro, C., Lyons, R. F., Warner, G., Hobfoll, S. E., Martens, P. J., Labonté, R., & Brown, R. E. (2010). Conservation of resources theory and research use in health systems. *Implementation Science*, *5*(79), 1-20. doi:10.1186/1748-5908-5-79

American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Retrieved from http://www.apa.org/ethics/code/index.aspx

American Psychological Association. (2012a). *Stress.* Washington, DC: Author.

American Psychological Association. (2012b). *Recovering emotionally from disaster.* Washington, DC: Author.

Babatunde, A. (2013). Occupational Stress: A review on conceptualisations, causes and cure. *Economic Insights-Trends & Challenges*, *65*(3), 73-80. Retrieved from http://www.upg-bulletin-se.ro/archive/2013-3/8.Babatunde.pdf

Bardoel, E. A., Pettit, T. M., De Cieri, H., & McMillian, L. (2014). Employee resilience: An emerging challenge for HRM. *Asia Pacific Journal of Human Resources, 52*(3), 279-297. doi:10.1111/1744-7941.12033

Barrett, M., Choi, T., & Li, M. (2011). Qualitative case studies in operations management: Trends, research, outcomes, and future research implications. *Journal of Operations Management, 29*(4), 329-342. doi:10.1016/j.jom.2010.06.002

Baron, R. A., Franklin, R. J., & Hmieleski, K. M. (2013). Why entrepreneurs often experience low, not high, levels of stress: The joint effects of selection and psychological capital. *Journal of Management, 1*, 1-20 doi:10.1177/0149206313495411

Bell, K., & Salmon, A. (2012). Good intentions and dangerous assumptions: Research ethics committees and illicit drug use research. *Research Ethics, 8*(4), 191-199. doi:10.1177/1747016112461731

Berger, J., Polivka, B., Smoot, E. A., & Owens, H. (2015). Compassion fatigue in pediatric nurses. *Journal of Pediatric Nurses, 30*(6), e11-e17. doi:10.1016/j.pedn.2015.02.005

Bevan, M. T. (2014). A method of phenomenological interviewing. *Qualitative health Research*, *24*(1), 136-144. doi:10.1177/1049732313519710

Bisson, J. J., Jenkins, P. L., Alexander, J., & Bannister, C. (1997). Randomised controlled trial of psychological debriefing for victims of acute burn trauma. *British Journal of Psychiatry, 171*, 78-81. doi:10.1192/bjp.171.1.78

Blake, B., Claudio, F., & Taylor, R. (2013). *Experiences of Australian humanitarian workers*. Human Resources for Health Knowledge Hub of the School of Public Health and Community Medicine at the University of New South Wales. Retrieved from https://sphcm.med.unsw.edu.au

Blodgett, A. T., Schinke, R. J., Smith, B., Peltier, D., & Pheasant, C. (2011). In indigenous words: Exploring vignettes as a narrative strategy for presenting the research voices of Aboriginal community members. *Qualitative Inquiry, 17*(6), 522-533. doi:10.1177/1077800411409885

Boblin, S. L., Ireland, S., Kirkpatrick, H., & Robertson, K. (2013). Using Stake's qualitative case study approach to explore implementation of evidence-based practice. *Qualitative Health Research, 23*(9), 1267-1275. doi:10.1177/1049732313502128

Chenail, R. J. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *The Qualitative Report, 16*(1), 255-262. Retrieved from http://nsuworks.nova.edu/tqr/vol16/iss1/16

Connorton, E., Perry, M. J., Hemenway, D., & Miller, M. (2012). Humanitarian relief workers and trauma-related mental illness. *Epidemiologic Reviews*, *34*(1), 145-155. doi:10.1093/epirev/mxr026

Colley, S. K., Lincolne, J., & Neal, A. (2013). An examination of the relationship amongst profiles of perceived organizational values, safety climate and safety outcomes. *Safety Science, 51*(1), 69-76. doi:10.1016/j.ssci.2012.06.001

Cordozo, B. L., Crawford, C. G., Eriksson, C., Zhu, J., Sabin, M., Ager, A., …. Simon, W. (2012). Psychological distress: Depression, anxiety, and burnout among international humanitarian aid workers: A longitudinal study. *PLoS One, 7*(9), 1-18. doi:10.1371/journal.pone.0044948

Creamer, M. C., Varker, T., Bisson, J., Darte, K., Greenberg, N., Lau, W., ... & Forbes, D. (2012). Guidelines for peer support in high-risk organizations: An international consensus study using the Delphi method. *Journal of Traumatic Stress*, *25*(2), 134-141. doi:10.1002/jts.21685

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five traditions* (3rd ed.). Thousand Oaks, CA: Sage.

Curling, P., & Simmons, K. (2010). Stress and staff support strategies for international aid work. *Intervention, 5*(2), 93-105. doi:10.1097/wtf.0b013e32833c1e8f

Damianakis, T., & Woodford, M. R. (2012). Qualitative research with small connected communities generating new knowledge while upholding research ethics. *Qualitative Health Research*, *22*(5), 708-718. doi:10.1177/1049732311431444

Deakin, H., & Wakefield, K. (2013). Skype interviewing: Reflections of two PhD researchers. *Qualitative Research*, *14*(5), 606-611. doi:10.1177/1468794113488126

de Barros, V. V., Martins, L. F., Saltz, R., Bastos, R. R., & Ronzani, T. M. (2012). Mental health conditions, individual and job characteristics and sleep disturbances

among firefighters. *Journal of Health Psychology, 18*(3), 350-358. doi:10.1177/1359105312443402

Denham, M. A., & Onwuegbuzie, A. J. (2013). Beyond words: Using nonverbal communication data in research to enhance thick description and interpretation. *International Journal of Qualitative Methods, 12*, 1-27. Retrieved from ejournals.library.ualberta.ca

Dhara, S., & Mandal, R. (2015). Short term effect of Sudarsan Kriya Yoga on physiological and psychological Homeostatic among older women. *International Journal of Physical Education, Sports and Health, 1*(6), 143-147. Retrieved from http://www.kheljournal.com/

Duffield, M. (2012). Challenging environments: Danger, resilience and the aide industry. *Security Dialogue, 43*(5), 475-492. doi:10.1177/0967010612457975

East, L., Jackson, D., O'Brien, L., & Peters, K. (2010). Storytelling: An approach that can help develop resilience. *Nurse Researcher, 17*(3), 17-25. doi:10.7748/nr2010.04.17.3.17.c7742

Elhai, J. D., Kashdan, B. C., & Frueh, B. C. (2005). What is a traumatic event? *The British Journal of Psychiatry, 187*(2), 189-190. doi:10.1192/bjp.187.2.189-a

Elwood, L. S., Mott, J., Lohr, J. M., & Galovski, T. E. (2011). Secondary trauma symptoms in clinicians: A critical review of the construct, specificity, and implication for trauma-focused treatment. *Clinical Psychology Review, 31*, 25-36. doi:10.1016/j.cpr.2010.09.004 I stopped reviewing here. Please go through the rest of your references and look for the patterns I pointed out to you.

Ehrenreich, J. H., & Elliot, T. L. (2004). Managing stress in humanitarian aid workers: A survey of humanitarian aid agencies' psychosocial training and support of staff. *Peace and Conflict: Journal of Peace Psychology, 10*(1), 53-66. doi:10.1207/s15327949pac1001_4

Eriksson, C. B., Cardozo, B., L., Foy, D.W., Sabin, M., Ager, A., Snider, L….Simon, W. (2012). Predeployment mental health and trauma exposure of expatriate humanitarian aid workers: Risk and resilience factors. *Traumatology, 1,*1-8. doi:10.1177/1534765612441978

Everly Jr., G. S., Flannery J., R. B., & Mitchell, J. T. (2000). Critical incident stress management (CISM): A review of the literature. *Aggression and Violent Behavior*, *5*(1), 23-40. doi:10.1016/S1359-1789(98)00026-3

Everly Jr, G. S., McCabe, O. L., Semon, N. L., Thompson, C. B., & Links, J. M. (2014). The development of a model of Psychological First Aid for non–mental health trained public health personnel: The Johns Hopkins RAPID-PFA. *Journal of Public Health Management and Practice*, *20*, S24-S29. doi:10.1097/PHH.0000000000000065

Everly Jr, G.S., & Mitchell, J.T. (1997). A primer on Critical Incident Stress Management (CISM). *Critical Incident Stress Management Peer Support Training Seminars.* Retrieved from http://www.cisresponse.com/cism.htm

Fast, L.A. (2010). Mind the gap: Documenting and explaining violence against aid workers. *European Journal of International Relations, 16*(3), 365-389. doi:10.1177/1354066109350048

Fechter, A. M. (2012a). The personal and the professional: Aid workers' relationships and values in the development process. *Third World Quarterly, 33*(8), 1387-1404. doi:10.1080/01436597.2012.698104

Fechter, A. M. (2012b). "Living well" while "doing good"? (Missing) debates on altruism and professionalism in aid work. *Third World Quarterly*, *33*(8), 1475-1491. doi:10.1080/09700161.2012.698133

Flanagan, J. C. (1954). The critical incident technique. *Psychological Bulletin*, *51*(4), 327. doi:10.1037/h0061470

Fletcher, D., & Sarkar, M. (2013). Psychological resilience. *European Psychologist*, *18*(1), 12–23. doi:10.1027/1016-9040/a000124

Francis, F. T., Galappatti, A., & van der Veer, G. (2012). Developing a responsive model of staff care beyond individual stress management: A case study. *Interventions, 10*(1), 74-78. doi:10.1097/wtf.0b013e328351bc4b

Gist, R., Lubin, B., & Redburn, B. G. (1998). Psychosocial, ecological, and community perspectives on disaster response. *Journal of Personal & Interpersonal Loss*, *3*(1), 25-51. doi:10.1080/10811449808414429

Goodwin, L., Ben-Zion, I., Fear, N. T., Hotopf, M., Stansfeld, S. A., & Wessely, S. (2013). Are reports of psychological stress higher in occupational studies? A systematic review across occupational and population based studies. *PLoS ONE, 8*(11) 1-11. doi:10.1371/journal.pone.0078693

Granot, E., Brashear, T. G., & Motta, P. C. (2012). A structural guide to in-depth interviewing in business and industrial marketing research. *Journal of Business & Industrial Marketing, 27*(7), 547-553. doi:10.1108/08858621211257310

Gu, J., Strauss, C., Bond, R., & Cavanagh, K. (2015). How do mindfulness-based cognitive therapy and mindfulness-based stress reduction improve mental health and wellbeing? A systematic review and meta-analysis of mediation studies. *Clinical psychology review*, *37*, 1-12. doi:10.1016/j.cpr.2015.01.006

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59-82. doi:10.1177/1525822X05279903

Hargrove, M. B., Quick, J. C., Nelson, D. L., & Quick, J. D. (2011). The theory of preventive stress management: a 33-year review and evaluation. *Stress and Health*, *27*(3), 182-193. doi:10.1002/smi.1417

Hawker, D. M., Durkin, J., & Hawker, D. S. (2011). To debrief or not to debrief our heroes: That is the question. *Clinical Psychology & Psychotherapy*, *18*(6), 453-463. doi:10.1002/cpp.730

Health and Safety Executive (HSE) (2013). *Work-related stress.* Health and Safety Executive. Retrieved from http://www.hse.gov.uk/statistics/

Heilman, M. E. (2012). Gender stereotypes and workplace bias. *Research in organizational Behavior*, *32*, 113-135. doi:10.1016/j.riob.2012.11.003

Heponiemi, T., Elovainio, M., Kouvonen, A., Noro, A., Finne-Soveri, H., & Sinervo, T. (2013). Can organizational justice mitigate the negative effects of shift work and

fixed-terms employment? *European Journal of Work and Organizational Psychology, 22*(2), 194-202. doi:10.1080/1359432X.2011.647408

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist, 44*, 513-524. doi:10.1037/0003-066x.44.3.513

Hobfoll, S. E. (2007). *Conservation of resources evaluation.* Retrieved from http://www.personal.kent.edu/~shobfoll/Pages/COR_E.html

Hobfoll, S. E., Vinokur, A. D., Pierce, P. F., & Lewandowski-Romps, L. (2012). The combined stress of family life, work, and war in air force men and women: A test of conservation of resources theory. *International Journal of Stress Management, 19*, 217-237. doi:10.1037/a0029247

Holt, A. (2010). Using the telephone for narrative interviewing: A research note. *Qualitative Research, 10*(1), 113-121. doi:10.1177/1468794109348686

Hunter, B., & Warren, L. (2014). Midwives' experiences of workplace resilience. *Midwifery, 30*(8), 926-934. doi:10.1016/j.midw.2014.03.010

Irvine, A., Drew, P., & Sainsbury, R. (2013). 'Am I not answering your questions properly?' Clarification, adequacy and responsiveness in semi-structured telephone and face-to-face interviews. *Qualitative Research*, *13*(1), 87-106. doi:10.1177/1468794112439086

Jackson, M. (2012). The pursuit of happiness: The social and scientific origins of Hans Selye's natural philosophy of life. *History of Human Sciences, 25*(5), 13-29. doi:10.1177/0952695112468526

Imel, Z.E., Laska, K., Jakupcak, M., & Simpson, T.L. (2013). Meta-analysis of dropout in treatment for posttraumatic stress disorder. *Journal of Consulting and clinical Psychology, 8*(13), 394-404. doi:10.1037/a0031474

Kagee, A. (2002). Concerns about the effectiveness of critical incident stress debriefing in ameliorating stress reactions. *Critical Care - London*, *6*(1), 88-88. doi:10.1186/cc1459

Kashdan, T. B., & Kane, J. Q. (2011). Post-traumatic distress and the presence of post-traumatic growth and meaning in life: experiential avoidance as a moderator. *Personality and individual differences*, *50*(1), 84-89. doi:10.1016/j.paid.2010.08.028

Kossek, E. E., Picher, S., Bodner, T., & Hammer, L. B. (2011). Workplace social support and work-family conflict: A meta-analysis clarifying the influence of general and work-family specific supervisor and organizational support. *Personnel Psychology, 64*(2), 289-313. doi:10.1111/j.1744-6570.2011.01211.x

La Greca, A. M., & Silverman, W. K. (2009). Treatment and prevention of posttraumatic stress reactions in children and adolescents exposed to disasters and terrorism: What is the evidence? *Child Development Perspectives*, *3*(1), 4-10. doi:10.1111/j.1750-8606.2008.00069.x

Laschinger, H., Wong, C., Regan, S., Young-Ritchie, C., & Bushell, P. (2013). Workplace incivility and new graduate nurses' mental health: The protective role of resiliency. *Journal of Nursing Administration, 43*(7/8), 415-421. doi:10.1097/NNA.0b013e31829d61c6

Lather, A. S., Aggarwal, V., & Samantray, L. M. (2012). A comparative study of personality dimensions between officers and subordinates of security force personnel and their effects on their occupational stress. *Drishtikon: A Management Journal, 3*(2), 61-107. Retrieved from http://search.proquest.com

Lazarus, R. S. (1966). *Psychological stress and the coping process*. New York, NY: McGraw-Hill.

Lewis, V., Varker, T., Phelps, A., Gavel, E., & Forbes, D. (2013). Organizational implementation of psychological first aid (PFA): Training for managers and peers. *Psychological Trauma: Theory, Research, Practice, and Policy, 66*(6), 619-623. doi:10.1037/a0032556

Litz, B. T., Gray, M. J., Bryant, R. A., & Adler, A. B. (2002). Early intervention for trauma: Current status and future directions. *Clinical psychology: science and practice*, *9*(2), 112-134. doi:10.1093/clipsy.9.2.112

Lopes Cardozo, B., Sivilli, T. I., Crawford, C., Scholte, W. F., Petit, P., Ghitis, F., ... & Eriksson, C. (2013). Factors affecting mental health of local staff working in the Vanni region, Sri Lanka. *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*(6), 581. doi:10.1037/a0030969

Lopez, A. (2011). Posttraumatic stress disorder and occupational performance: Building residence and fostering occupational adaptation. *Work: A Journal of Prevention, Assessment and Rehabilitation, 38*(1), 33-38. doi:10.3233/WOR-2011-1102

Loun, K., Lavin. J., Riives, J., & Otto, T. (2013). High performance workplace design model. *Estonian Journal of Engineering, 19*(1), 47-61. doi:10.3176/eng.2013.1.05

Mahajan, R. P. (2010). Critical incident reporting and learning. *British Journal of Anaesthesia*, *105*(1), 69-75. doi:10.1093/bja/aeq133

Marchand, W. R. (2012). Mindfulness-based stress reduction, mindfulness-based cognitive therapy, and Zen meditation for depression, anxiety, pain, and psychological distress. *Journal of Psychiatric Practice, 18*(4), 233-252. doi:10.1097/01.pra.0000416014.53215.86

McCormack, L., & Joseph, S. (2012). Psychological growth in humanitarian personnel: Reintegrating with family and community following exposure to war and genocide. *Community, Work & Family, 16*(2), 147-163. doi:10.1080/13668803.2012.735478

McFarlane, A. C. (2010). The long-term costs of traumatic stress: Intertwined physical and psychological consequences. *World Psychiatry*, *9*(1), 3-10. doi:10.1002/j.2051-5545.2010.tb00254.x

McVicar, A., Munn-Giddings, C., & Seebohm, P. (2013). Workplace stress interventions using participatory action research designs. *International Journal of Workplace Health Management, 6*(1), 18-37. doi:10.1108/17538351311312303

Merry, L., Clausen, C., Gagnon, A., Carnevale, F., Jeannotte, J., Saucier, J. F., & Oxman-Martinez, J. (2011). Improving qualitative interviews with newly arrived migrant women. *Qualitative Health Research, 21*(7), 976-986. doi:10.1177/1049732311403497

Meyer, E. C., Zimering, R., Daly, E., Knight, J., Kamholz, B. W., & Gulliver, S. B. (2012). Predictors of posttraumatic stress disorder and other psychological

symptoms in trauma-exposed firefighters. *Psychological Services, 9*(1), 1-15. doi:10.1037/a0026414

Miller, L. (1998). Our own medicine: Traumatized psychotherapists and the stresses of doing therapy. *Psychotherapy: Theory, Research, Practice, Training*, *35*(2), 137. doi:10.1037/h0087708

Mitchell, J. T. (2004). Crisis intervention and critical incident stress management: A defense of the field. *Critical Incident Stress.* doi:10.1037/e519822011-004

Mitchell, J. T. & Everly, G. S. (1995). Critical incident stress debriefing (CISD) and the prevention of work-related traumatic stress among high risk occupational groups. *Psychotraumatology,* 267-280. doi:10.1007/978-1-4899-1034-9_16

Müller-Leonhardt, A., Mitchell, S. G., Vogt, J., & Schürmann, T. (2014). Critical Incident Stress Management (CISM) in complex systems: Cultural adaptation and safety impacts in healthcare. *Accident Analysis & Prevention*, *68*, 172-180. doi:10.1016/j.aap.2013.12.018

Nabirye, R. C., Brown, K. C., Pryor, E. R., & Maples, E. H. (2011). Occupational stress, job satisfaction and job performance among hospital nurses in Kampala, Uganda. *Journal of nursing management*, *19*(6), 760-768. doi:10.1111/j.1365-2834.2011.01240.x

National Health Service (NHS) (2013). *NHS Commissioning Board Emergency Preparedness Framework 2013*. NHS. Retrieved from http://www.england.nhs.uk/wp-content/uploads/2013/03/eprr-framework.pdf

Newton, C., & Teo, S. (2013. Identification and occupational stress: A stress-buffering perspective. *Human Resource Management, 53*(1), 89-113. doi:10.1002/hrm.21598

Nilsson, S., Sjoberg, M., Kallenberg, K., & Larsson, G. (2011). Moral stress in international humanitarian aid and rescue operations: A grounded theory study. *Ethics & Behavior, 21*(1), 49-68. doi:10.1080.10508422.2011.537570

O'Donovan, R., Doody, O., & Lyons, R. (2013). The effect of stress on health and its implications for nursing. *British Journal of Nursing, 22*(16), 969-973. doi:10.12968/bjon.2013.22.16.969

Palmer, M., Fadden, G., Larkin, M., & de Visser, R. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology*, *7*(2), 99-121. doi:10.1080/14780880802513194

Palmer, M., Larkin, M., de Visser, R., & Fadden, G. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology, 7*(20), 99-121. doi:10.1080/14780880802513194

Patton, M. Q. (2002). *Qualitative research and evaluation methods.* Thousand Oaks, CA: Sage.

Pooley, J. A., Cohen, L., O'Connor, M., & Taylor, M. (2013). Posttraumatic stress and posttraumatic growth and their relationship to coping and self-efficacy in Northwest Australian cyclone communities. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*(4), 392-399. doi:10.1037/a0028046

Raphael, B., & Meldrum, L. (1995). Does debriefing after psychological trauma work? *BMJ: British Medical Journal*, *310*(6993), 1479. doi:10.1136/bmj.310.6993.1479

Regel, S. (2010). Psychological debriefing— does it work? *Healthcare Counselling & Psychotherapy Journal*, *10*(2), 14-18. Retrieved from http://www.bacp.co.uk/publications/journals/hcpj.php

Rodham, K., & Gavin, J. (2006). The ethics of using the internet to collect qualitative research data. *Research Ethics Review*, *2*(3), 92-97. doi:10.1177/174701610600200303

Roth, S. (2014). Aide work as edgework – voluntary risk-taking and security in humanitarian assistance, development and human rights work. *Journal of Risk Research, 1,* 1-17. doi:10.1080/13669877.2013.875934

Schafer, A., Snider, L., & van Ommeren, M. (2010). Psychological first aid pilot: Haiti emergency response. *Intervention*, *8*(3), 245-254. doi:10.1097/wtf.0b013e32834134cb

Schensul, J. J., & LeCompte, M. D. (Eds.). (1999). *Ethnographer's toolkit* (Vol. 1-7). Walnut Creek, CA: AltaMira.

Schönfelder, W. (2011). CAQDAS and qualitative syllogism logic—NVivo 8 and MAXQDA 10 compared. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, *12*(1). Retrieved from http://www.qualitative-research.net/index.php/fqs/article/viewArticle/1514/3134

Schultz, J. M., & Forbes, D. (2013). Psychological first aid: Rapid proliferation and the search for evidence. *Disaster Health, 1*(2), 1-10. doi:10.4161/dish.26006

Schwartz, L., Hunt, M., Redwood-Campbell, L., & de Laat, S. (2014). Ethics and emergency disaster response normative approaches and training needs for humanitarian health care providers. *Disaster Bioethics, 2*, 33-48. doi:10.1007/978-94-007-3864-5_3

Selye, H. (1936). A syndrome produced by diverse nocuous agents. *Nature, 138*(32), 36. Retrieved from http://adaptometry.narod.ru/Selye1stPaper.pdf

Selye, H. (1938). Experimental evidence supporting the conception of "adaptation energy." *American Journal of Physiology, 123,* 758-65. Retrieved from http://adaptometry.narod.ru/SelyeAdaptationEnergy.pdf

Selye, H. (1950). Stress and the general adaptation syndrome. *British Medical Journal, 1*(4667), 4667-1392. doi:10.1136/bmj.2.4670.104-a

Selye, H. (1974). *Stress without distress.* Philadelphia, PA: J. B. Lippincott. doi:10.1007/978-1-4684-2238-2_9

Selye, H. (1982). The nature of stress. *The Best of Basal Facts. 1976-1987.* Retrieved from www.icnr.com/articles/thenatureofstress.html

Skogstad, M., Skorstad, M., Lie, A., Conradi, H. S., Heir, T., & Weisaeth, L. (2013). Work-related post-traumatize stress disorder. *Occupational Medicine, 63*, 1735-182. doi:10.1093/occmed/kqt003

Spangler, N. W., Koesten, J., Fox, M. H., & Radel, J. (2012). Employer perceptions of stress and resilience interventions. *Journal of Occupational & Environmental Medicine, 54*(11), 1421-1429. doi:10.1097/JOM.0b013e3182619038

Stoddard, A., Harmer, A., & Kyou, R. (2014). *Aid worker security report, 2014.* Retrieved from www.humanitarianoutcomes.org

Stoto, M. A., Nelson, C. D., & Klaiman, T. (2013). Getting from what to why: Using qualitative methods in public health systems research. *Academy Health Issue Brief.* Retrieved from http://www.academyhealth.org/files/publications/qmforph.pdf

Stuhlmiller, C., & Dunning, C. (2000). Concerns about debriefing: challenging the mainstream. *Psychological debriefing: theory, practice and evidence*, 305-320. doi:10.1017/CBO9780511570148.023

Szeto, A. C., & Dobson, K. S. (2013). Mental disorders and their association with perceived work stress: An investigation of the 2010 Canadian Community Health Survey. *Journal of Occupational Health Psychology, 18(*2), 191-197. doi:10.1037/a0031806

Tabor, H. K., Stock, J., Brazg, T., McMillin, M. J., Dent, K. M., Yu, J. H., . . . Bamshad, M. (2012). Informed consent for whole genome sequencing: A qualitative analysis of participant expectations and perceptions of risks, benefits, and harms. *American Journal of Medical Genetics, 158A*(6), 1310-1319. doi:10.1002/ajmg.a.35328

Taylor, S. E., Klein, L. C., Lewis, B. P., Gruenewald, T. L., Gurung, R. A., & Updegraff, J. A. (2000). Biobehavioral responses to stress in females: tend-and-befriend, not fight-or-flight. *Psychological review*, *107*(3), 411. doi:10.1037/0033-295X.107.3.411

Teodorescu, D. S., Siqveland, J., Heir, T., Hauff, E., Wentzel-Larsen, T., & Lien, L. (2012). Posttraumatic growth, depressive symptoms, posttraumatic stress symptoms, post-migration stressors and quality of life in multi-traumatized psychiatric outpatients with a refugee background in Norway. *Health Quality Life Outcomes*, *10*, 84. doi:10.1186/1477-7525-10-84

Thormar, S. B., Gerson, B. P., Juen, B., Djakaba, M. N., Karlsson, T., & Olff, M. (2014). Organizational factors and mental health in community volunteers: The role of exposure, preparation, training, task assigned, and support. *Anxiety, Stress, & Coping: An International Journal, 26*(6), 624-642. doi:10.1080/10615806.2012.743021

Tol, W. A., Patel, V., Tomlinson, M., Baingana, F., Galappatti, A., Silove, D., ... & Panter-Brick, C. (2012). Relevance or excellence? Setting research priorities for mental health and psychosocial support in humanitarian settings. *Harvard Review of Psychiatry*, *20*(1), 25-36. doi:10.3109/10673229.2012.649113

Tomova, L., von Dawans, B., Heinrichs, M., Silani, G., & Lamm, C. (2014). Is stress affecting our ability to tune into others? Evidence for gender differences in the effects of stress on self-other distinction. *Psychoneuroendocrinology*, *43*, 95-104. doi:10.1016/j.psyneuen.2014.02.006

Tracy, S. J. (2010). Qualitative quality: Eight 'big-tent" criteria for excellent qualitative research. *Qualitative Inquiry, 16*(10), 837-851. doi:10.1177/1077800410383121

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, *11*(1), 80-96. doi:10.1177/1473325010368316

Tuckey, M. R. & Scott, J. E. (2014). Group critical incident stress debriefing with emergency services personnel: A randomized control trial. *Anxiety, Stress & Coping: An International Journal, 27*(1), 38-54. doi:10.1080/10615806.2013.809421

Tuohy, D., Cooney, A., Dowling, M., Murphy, K., & Sixsmith, J. (2013). An overview of interpretive phenomenology as a research methodology. *Nurse Researcher*, *20*(6), 17-20. doi:10.7748/nr2013.07.20.6.17.e315

United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) (2012). The Aid Worker Security Database. https://aidworkersecurity.org/about

United Nations (n.d.). Mobility and Hardship FAQs. What is considered as hardship? http://icsc.un.org/resources/FAQ/mh/default.htm

United Nations Department of Safely and Security. (UNDSS). (2013). *About us.* UNDSS. Retrieved from www.dss.un.org/aboutus

Vergara, V. A., & Gardner, D. (2011). Stressors and psychological wellbeing in local humanitarian workers in Colombia. *Journal of Managerial Psychology, 26*(6), 500-507. doi:10.1108/02683941111154365

Vicarious Trauma Institute (2015). *What is vicarious trauma?* Vicarious Trauma Institute. Retrieved from http://www.vicarioustrauma.com/whatis.html

Walden University (2013). *Institutional Review Board (IRB).* Retrieved from http://researchcenter.waldenu.edu/Application-and-General-Materials.htm

Wayne, J. H., Casper, W. J., Matthews, R. A., & Allen, T. D. (2012). Family-supportive organization perceptions and organizational commitment: The mediating role of

work–family conflict and enrichment and partner attitudes. *Journal of Applied Psychology, 98*(4), 606-622. doi:10.1037/a0032491

Willie, C., & Fast. L. (2013). Shifting patterns in security incidents affecting humanitarian aid workers and agencies: An analysis of fifteen years of data (1996-2010). *Data on People in Danger.* Retrieved from www.insecurityinsight.org

World Health Organization. (2011). *Psychological first aid: Guide for field workers.* New York, NY: Author. Retrieved from http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf

World Health Organization (2012). *Stress at the workplace*. New York, NY: Author. Retrieved from http://www.who.int/occupational_health/topics/stressatwp/en/

Williams, R., & Greenberg, N. (2014). Psychosocial and mental health care for the deployed staff of rescue, professional first response and aid agencies, NGOs and military organisations. In *Conflict and Catastrophe Medicine* (pp. 395-432). 3rd Ed. London: Springer.

Williams, H. M., Parker, S. K., & Turner, N. (2010). Proactively performing teams: The role of work design, transformational leadership, and team composition. *Journal of Occupational and Organizational Psychology, 83,* 301-324. doi:10.1348/096317910X502494

Wright, K. (2014). Alleviating stress in the workplace: advice for nurses. *Nursing Standard*, *28*(20), 37-42. doi:10.7748/*ns2014*.01.28.20.37.e8391

Zeller, J. M., & Levin, P. F. (2013). Mindful interventions to reduce stress among nursing personnel: An occupational health perspective. *Workplace Health & Safety, 61*(2), 85-89. doi:10.3928/21650799-20130116-67

Zhang, M., & Fang, D. (2013). A cognitive analysis of why Chinese scaffolders do not use safety harnesses in construction. *Construction Management and Economics, 31*(3), 207-222. doi:10.1080/01446193.2013.764000

Appendix A: Semistructured Interview Questions

RQ 1: How do aid workers' describe their experiences of in-house stress management services?

- Tell me about your experience interacting with in-house stress management services.
- Describe your impression of the help the in-house services gave you.
- How does accessing the in-house services compare with your experience on other methods of dealing with stress?
- How do you view the stress management services within your organization?
- What was your impression of the stress management services? What did you think of the support they offered?
- If you experience distress in the future, how do you think you will deal with the stress? Would you return to the stress counselor?

RQ 2: How do aid workers perceive their work-related stressors?

- Would you please describe the work-related stressors you experienced?
- What is the impact of work-related stress on your ability to function in your job?
- Would you please share how work-related stressors compare with stressors from your personal life?
- Would you please share your perceptions as to the role your gender plays in terms of the stressors you experienced?

RQ3: How do aid workers describe their decision-making process about whether to access and use in-house stress management services?

- Tell me about the process you went through to decide to use the in-house stress management services.
- What other services would did you consider when making your decision?
- Would you prefer to use your organization's services rather than another option? If so, would you please share why?
- How did you learn about the in-house stress management services available?
- To what extent do you think that your peers use these services?

Appendix B: Facebook Post

Volunteers Wanted for a Research Study

Humanitarian Aid Workers' Perceptions of Stress Management Services

The purpose of this research is to gather a deeper understanding of what influences aid workers to seek support of stress management services and gain an understanding of what aid workers experience during their engagement in in-house stress management services. Participation is voluntary. If you meet the following criteria and are interested, details to contact the researcher are below:

- Currently work for an NGO or UN system member, except UNOCHA,
- Have a minimum of 5 years humanitarian response experience,
- Have worked in an emergency response,
- Sufficient command of English to hold a conversation,
- Not currently be accessing any type of mental health support services.

Participation in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as stress or becoming upset. Being in this study would not pose risk to your safety or wellbeing. Participants in this study will help to deepen the understanding as to the issues which aid workers.

No form of compensation or remuneration will be offered.

The volunteers who will be involved in the study would be asked to undergo an interview to gather this information over the period of an hour to an hour and a half.

If you are interested in participating or would like more information, please contact Annette Hearns, at annette.hearns@waldenu.edu. This research is being conducted under the direction of the Department of Psychology, Walden University.

Appendix C: Facebook Page